EMPLOYEE EXTRA-DUTY COMPENSATION REQUEST FORM

This form must be turned in MONTHLY. Payment made in Novvember and June, as per the Negotiated Agreement

Employee Name:______________________________________ School:____________________

Date of Extra Duty	Description of Extra Duty	Event or Sport	# or Time Involved	Totals	Rate per Event	Amount Due	Principal's Initial

Please use this form and the following abbreviations for all extra duty work except for lunchroom supervison.

CPD - Collaborative Planning Duty	$10.00 per hour
ISP - In-Service Presentation	$50.00 per day
AA - Acting Administrator	$10.00 per hour
TSUB - Teachers Covering Classes	$15.00 per hour

Clock Operator, Official Game Book, Gate keeper, concessions, and line judges - be sure to clearly indicate which sport: FB - Football; VB - Volleyball; BB - Basket-ball. See Negotiated Agreement for rates on these extra duty jobs.

Employee Signature_________________________________ Principal's Signature____________________________