

ALVORD ISD
EXTRA DUTY ADDENDUM

Elementary Middle School High School Administration Other

Staff Member Name: _____

During the current school year, the employee named above will conduct or has conducted supplemental extra duty activities.

Business Office will determine which fund(s) will be used:

Title I (211) Title I ARRA (285) Title II (255) Title II (404) Local (199) OTHER: _____

Supplemental Extra Duty Assignment (Complete a separate form for each activity):

- Saturday School
- Administrative Detention
- Tutorials
- After School Program (Grant Funded)
- Summer School
- Athletic Event Duty
- Other: _____

Describe the duties you will be performing:

I agree to perform these activities as assigned and understand these activities are supplemental and supported by the program specified.

YES NO

I agree to provide supporting documentation of all supplemental activities as required by State/Federal guidelines.

YES NO

I understand that the extra duty pay is for supplemental activities that take place outside of my regular scheduled day.

YES NO

I understand that I will be compensated at the approved rate for AISD extra duty assignments; that I will receive no benefits (based upon this assignment); and that I may be eligible for overtime compensation in accordance with the Fair Labor Standards Act (non-exempt employees only).

YES NO

Staff Member Signature

Date