

BUCKEYE UNION SCHOOL DISTRICT

Extra Curricular Duties Payroll

Trimester: (Circle one) 1st 2nd 3rd

EMPLOYEE: _____

DATE: _____

EMPLOYEE #: _____

DATE(S) OF ATTENDANCE: _____

Were you given release time from your regular duties to attend/perform this activity? Yes ___ No ___
Were you off duty when you attended/performed this activity? Yes ___ No ___

PART I

This part to be completed PRIOR to performing duties listed below.

TYPE OF SERVICE TO BE PERFORMED / IN-DISTRICT WORKSHOP TO BE ATTENDED:

- BTA Contract, Section 17.3.4 (Articulation, grade level planning, assess. - 3 hours/trimester for elementary and 4 hours/trimester for middle school)
Exceeding Class Size, Section 11.3.1.1 I have ___ student(s) over my threshold size. To be paid at \$21.60/per student, per month (current sub rate) .
Coaching for ___ sport
Saturday Academic School Date(s): ___ # of Hours: ___
Detention/Friday School Date(s): ___ # of Hours: ___
Other _____

Comments: _____

Complete the following with Site Admin.: Est. # of hours ___ \$ ___
Hourly rate or est. total payment

Signature of Employee: _____

Signature of Site Administrator: _____

(Return to applicant to hold until completion of Part II)

PART II

Return to site administrator after completion of duties for final signature and then forward to the District Office for approval/processing.

of hours ___ @ \$ ___ (hourly rate) Total amt.: _____

Budget Code: _____

Signature of Employee: _____ Date: _____

Signature of Site Administrator: _____ Date: _____

Signature of Asst. Superintendent/Designee: _____ Date: _____