

Santa Rita Union School District

Extra Assignments for Regular Employees

This form is for extra assignments lasting in excess of one day.

I, _____, am currently employed with the Santa Rita School District and have been offered an extra assignment in addition to my regular work hours in only one of the following categories:

- Extra hours** in my classification and regular scope of duties
(not to exceed 19 consecutive paid days of service)
- Short term** extra assignment
(not to exceed 195 consecutive paid days of service; requires Board approval)*
Scope of duties: _____
- Substitute** while a vacant position is in the process of being permanently filled
(not to exceed 60 calendar days)
- Substitute** for an employee on leave
(not to exceed 195 consecutive paid days of service)

The extra assignment is:

- in my current classification at my current rate of pay
- in the classification of _____ at \$ _____ /hour (rate of pay should be at Step1 in the range for that classification)

Schedule:

Start date: _____ End date: _____
Start time: _____ AM/PM End time: _____ AM/PM
Days of Week (*circle*): M Tu W Th F
Location: _____

I understand that this assignment is voluntary. I do not have to accept this offer, but if I do, I understand that the following conditions apply to this assignment:

- The assignment is temporary. I will revert to my normal hours, schedule and location at the end of this temporary assignment or when, at the sole discretion of the district, there is no further work to be done, which ever is first.
- For extra hours worked in my current classification, I will accrue vacation. Otherwise, I will not accrue vacation, sick time or seniority in this extra-hour assignment if it is as described above.
- If this extra assignment causes my total work hours to exceed 5 hours per day, I will not be entitled to health insurance benefits as a result of this temporary extra assignment.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Green Empl. Data Form attached. Funding Source: _____ Pay Rate: _____

If project funded, cite plan section which authorizes: _____

Assistant Superintendent Signature: _____ Date: _____

Director of Fiscal Services Signature: _____ Date: _____

* Date of Board Approval: _____

Original to Personnel/Project/Board/Business; 3 Copies: Supervisor, Employee, CSEA President,