

TEACHERS ONLY: Please complete one form for each extracurricular assignment

Teacher's Name _____

Teacher's Home School _____

Extracurricular Activity Assignment _____

Head or Assistant _____

Extracurricular Assignment Location _____

Ending Date of Duty (for one time pay) _____

Pay Amount for position _____

Percentage of Pay for Position _____

Signature _____ Date _____

Please check ONE of the following options:

____ According to Article XIV, Section 5 of the Current EACS/EAEA Teacher Agreement, I wish to receive compensation for my extracurricular assignment in one paycheck after the conclusion of the extracurricular assignment.

OR

____ According to Article XIV, Section 5 of the current EACS/EAEA Teacher Agreement, I wish to receive compensation for my extracurricular assignment included in my contract salary and spread out over the entire year.

Principal/A.D. Signature _____

Director of Human Resources _____

