

AUTHORIZATION FOR ADDITIONAL DAYS

School/Department: Date:

Employee's Name:

Employee's Position:

Number of Days in Base Contract: If this assignment is for additional contract days for a current teacher, do you expect this duty to recur as a standard practice?
Number of Days to be Added to Contract: (Note: If not part of the original employment contract as standard practice, the earnings are not subject to PERS contributions.)

Dates(s) of additional contract days:

Describe the nature of the work to be performed during these additional days:

Why are these duties being assigned to this position?

Source of funds for additional days:

Principal/Supervisor Name: Date:

Senior Cabinet/Executive Cabinet Member Signature: _____ Date:

Senior Cabinet/Executive Cabinet or Freeze Committee Approval Date:

Position Control Use Only			
Type: _____	Reason: _____	Position: _____	Loc: _____
Pay Class: _____	Days: _____	Hours: _____	# Paychecks _____
Salary Dist Begin Date: _____	Pay Index: _____		
PERS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emp. ID# _____	Org Key: _____ / Object: _____	