

Extended Responsibilities Contract for On and Off Staff Hires

North Clackamas School District 12
Human Resources Department

Name _____ Employee ID _____

Unit Name _____ Position Start Date _____

Budget Code _____ AppliTrack Job ID# (if applicable) _____

Please check the appropriate reason for hire:

☐ New Position

☐ Rehire

☐ Replaces: _____

The employee shall perform extended responsibilities during the 20____-20____ school year as follows:

Position Title	FTE	Location/DAC	Category	Step	Pay Amount

Pay Options: Check the payment option you desire that applies to your position. *Payment option must be checked.

12 monthly payments **(ON-STAFF ACTIVITIES ONLY)**

Seasonal Payments: Oct/Jan/March **(DANCE/CHEER STAFF ONLY)**

Seasonal payments over 3 months of the season

Fall: Sept/Oct/ Nov

Winter: Dec/Jan/Feb

Spring: March/April/May

Lump sum payment at completion of season/assignment **(*Default option if nothing is specified.)**

State competition – complete OSAA compensation form available on Payroll website - www.nclack.k12.or.us/page/1391

- I understand pay is contingent upon available funds in program account.*
- In the event that the extended responsibilities duties are not completed, the amount payable shall be prorated according to the portion of the extended responsibilities performed.*
- The undersigned agrees to provide the services described and acknowledges all federal or state tax, retirement, or social security withholding will be made from this payment.*

Employee Signature _____ Date _____

Administrator Signature _____ Date _____

Human Resources Signature _____ Date _____

Board Date: _____