



FORM MUST BE COMPLETED AND APPROVED WITH REQUIRED SIGNATURES **BEFORE** ACTIVITY BEGINS.

CERTIFICATED EXTRA DUTY ACTIVITY FOR _____ SY

Sponsor Name (Please print)

School Site

Activity Title

Activity Date

The number of students participating in the activity will be_____.

My goals for having this activity are:

My tentative activities and time-line for events for this activity are outlined as follows:

My method(s) for recruiting students for this activity are:

My evaluation of this activity and its effectiveness will be:

It is my understanding that I must submit an Extra Duty Payment form to the Administrator Designee in charge of the school that is responsible for the activity on or before the last week of school, to be mutually signed by sponsor and administrator before the stipend is paid.

Signature of Sponsor

Date

Approved

Disapproved

Reason for Disapproval: _____

Signature of Principal

Date

Superintendent Designee Approval

Date

Board Approval Date