



<b>Check One</b>	
On	Off

**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](http://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: \_\_\_\_\_