Morgan Hill Unified School District

Extra Duty or Coaching Assignment Request

Part I - Description of Assignment

I recommend that _____ be offered an extra duty for
(Name)

Non-athletics: ☐ Fall Semester Only ☐ Spring Semester Only ☐ Full Year

Athletics: ☐ Fall Season ☐ Winter Season ☐ Spring Season

School Site or Department: _____

Title of Assignment: _____

Description of Duties:

Budget Account: _____

Total Units: _____ Total Amount: $_____

Employee Agreement to Assignment

I accept these terms and conditions pending approval.

_____ _____
Employee's Signature Date

_____ _____
Administrator's Signature Date

Part II – Certification of Completion of Assignment

(Employee will NOT be paid until this certification is submitted to payroll for each pay period)

I certify that I have completed the above extra duty assignment described for:

Non-athletics: ☐ Fall Semester (due by Nov 30th) ☐ Spring Semester (due by May 15th)

Athletics: ☐ Fall Season (due by Nov 30th) ☐ Winter Season (due by Feb 28th) ☐ Spring Season (due by May 15th)

_____ _____
Employee's Signature Date

_____ _____
Administrator's Signature Date

_____ _____
Employee's Signature Date

_____ _____
Administrator's Signature Date