



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
240 N. Crockett Street, San Benito, TX 78586 • Phone (956) 361-6100 • Fax (956) 361-6166

EXTRA DUTY AGREEMENT FOR DISTRICT EMPLOYEE

Date: _____

Professional Object Code: 6118

Hourly Object Code: 6121

This is an agreement between the San Benito Consolidated Independent School District and

_____ to provide the following services: _____

Starting Date: _____ Ending Date: _____

Rate Per Hour: _____ Days Per Week: _____

Hours Per Day: _____ Total Day Worked: _____

Total fee for services: _____

Signature

Address

City, State, Zip

Phone

Employee ID#

D.O.B.

Are you related to any Board Member, the Superintendent, or to the person employing you?

YES ☐

NO ☐

If yes, to whom: _____

This agreement may be cancelled by the Superintendent

ENTER ACCOUNT DISTRIBUTION INFORMATION BELOW

FUND	FUNCTION	OBJECT	SUBJECT	ORGANIZATION	FISCAL	PROGRAM	ED.

Originating Administrator

Date

Supervising Administrator

Date

Curriculum Department

Date

BUSINESS OFFICE USE

Signature of Asst. Supt. of Administrative Services

Date

FUNDS AVAILABLE: ☐ Yes ☐ No Date: _____

DPS CLEARANCE: ☐ Yes ☐ No Date: _____

Signature of Asst. Supt. of Finance & Operations

Date