



**DISTRICT OF COLUMBIA PUBLIC SCHOOLS
EXTRA DUTY ASSIGNMENT AUTHORIZATION**

I, _____, agree to conduct
(Name)

_____ at _____
(Name of Activity) (Name of School)

during the period _____ to _____
(Starting Date) (Ending Date)

to be paid in accordance with the Extra Duty Pay Distribution Formula at the activity rate of \$_____ per full participation in the activity. Where the activity is conducted for less than the full activity period, the amount of compensation will be reduced accordingly on a prorated basis. I further agree that the above activity will be conducted beyond and in addition to my regularly assigned classroom teaching schedule; and that the above activity will be conducted for _____ hours per day, _____ days per week, _____ hours per week.

If you fail to be fingerprinted, clear the background check, receive a coaching ID, and/or complete department mandatory meetings and trainings, you are ineligible for payment for work. By signing below, you acknowledge that you fully understand that you are required to clear a background check via fingerprint screen conducted by the DCPS Office of School Security, receive a coaching ID, attend mandatory meetings, and complete trainings at nfhslearn.com.

I understand this requirement. _____
(Please initial)

Signature of Coach

Date

Employee I. D. Number / Social Security Number

Coaches's Home Address

Cell or Home Phone

City State Zip Code