



**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 [nfhslern.com](http://nfhslern.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