

**EXTRA DUTY PAY AGREEMENT FORM**

**RULE ISD**

**SY** \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Agrees to work at \$ \_\_\_\_\_ /hour for \_\_\_\_\_ hours/day from \_\_\_\_\_  
until \_\_\_\_\_

The program fund source to be used is (circle one): Title I A, Title IIA,  
State Comp., SSI, Bilingual/ESL, IDEA, HSA, Other: \_\_\_\_\_

Goal from Campus Improvement Plan: \_\_\_\_\_

Activity that references this expenditure from Campus Improvement Plan: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: File with Business Office*