

Hays Consolidated Independent School District
FEDERAL PROGRAMS OFFICE
Extra-Duty Employment Agreement



Campus Name: _____ **Semester:** ____ Fall ____ Spring ____ Summer

Employee Name: _____ **Badge #:** _____

I certify that during the period beginning _____ (mm/dd/yy) and ending _____ (mm/dd/yy), I agree to work for Hays CISD outside my regular duty schedule (e.g. before/after regular work hours, Saturdays) for pre-approved supplemental duties directly pertaining to the activities selected below to improve the academic achievement of students. This is an extension of my work agreement with HAYS CISD, and I will follow all rules and regulations that are expected of me as part of my regular duties. I agree to provide the required timesheets and all other supporting documentation upon request. I understand that it is my responsibility to ensure that my timesheets and supporting documents reflect actual hours worked and activities performed.

Fund: ____ Title I, A ____ Title II ____ Title III ____ Title IV ____ State Comp Ed ____ RDSPD ____ IDEA-B
____ Other: _____

Please check all that apply:

_____ **Tutoring – Extended Day/Week/Year**

- ☐ Instruct and/or facilitate tutoring sessions to meet the academic needs of students
- ☐ Requires submission of Timesheet and Attendance form (with TEKS and Student Roster)
- ☐ Minimum of 3 students in a session (unless HB4545 - must note on Tutoring Log)

_____ **Parent & Family Engagement / Outreach**

- ☐ Instruct, supervise, facilitate, or plan allowable PFE or family outreach activities
- ☐ Supervise children of families who are participating in allowable PFE activities
- ☐ Requires submission of Timesheet, Agenda, Minutes, Handouts, & Attendance/ Sign-In

_____ **Summer School**

- ☐ Instruct students who meet at-risk criteria outside of the regular school year
- ☐ Requires submission of Timesheet, Summer School schedule, and Student Roster(s)

_____ **Curriculum Development/Planning**

- ☐ Develop/plan academic curricula outside of regular work day or work calendar
- ☐ Requires submission of Timesheet, Agenda, Minutes, Handouts, & Attendance/ Sign-In

_____ **Professional Development**

- ☐ Instruct, facilitate, plan, or participate in professional development training
- ☐ Requires submission of Timesheet, Agenda, Handouts, & Attendance/ Sign-In

_____ **Other Activity aligned with Grant Program** (Please attached a detailed description of activity)

Pay Rate will be determined in accordance with the currently adopted HCISD Compensation Plan, dependent upon employee classification and work activity performed. Timesheets will be paid in accordance with published pay schedules.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Federal Programs Approval: _____

Date: _____