

MANCHESTER PUBLIC SCHOOLS
Manchester, Connecticut

RECOMMENDATION FOR EXTRA PAY EMPLOYMENT

To be completed by the Principal/Supervisor: After obtaining the employee's signature, please have your office retain a copy and send the original to Human Resources.

Employee Name: _____ Employee ID # _____

Street Address: _____ City _____

State: _____ Zip Code: _____ Phone Number: _____

Name Of Stipend Position: _____

School: _____ School Year: _____

Effective Start Date: _____ Effective End Date: _____

Total Stipend Pay: \$ _____ Step if any: _____

I recommend the above employee for the above Extra Pay Employment Position:

Signature of Recommending Principal/Supervisor

Date

To be completed by the employee: Please sign and retain a copy for your files. Please return the original to your principal/supervisor within five working days.

EXTRA PAY SUPPLEMENTAL AGREEMENT

I, the above-named, agree to:

- perform the required duties in the Manchester Public Schools for the stipend position stated above,
- under the direction of the recommending principal/supervisor,
- for the dates stated above,
- for the stipend amount stated above.

I understand:

- this agreement may be terminated by the Board of Education for cause,
- this agreement terminates at the end of the period stated above, and
- payments will be made bi-weekly during the course of the activity.

Signature of Employee

Date

To be completed by Human Resources:

PAR: _____ Position Control: _____

This position is: **Fair Labor Standards Act Exempt** **Fair Labor Standards Act Non-exempt**
 Subject to Teacher's Retirement Contributions

Approved for the
Manchester Board of Education

Superintendent of Schools or Designee

Date