



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

MEM- 4448.0
September 15, 2008

ATTACHMENT K

REQUEST FOR EXTRA DUTY PAY FOR ADMINISTRATORS

To: Local District Superintendent/Division Head Date: _____

From: _____
Name Title Location

Employee Information

Name of Administrator: _____ Empl. # _____
Current Position: _____ Assignment Basis: _____ Location: _____

Proposed Classification: Professional Expert [] X/Z Basis [] Other []

Provide description of services and rationale:

Dates of services: To: _____ From: _____ Days/Time of Services: _____

Proposed Hourly Rate: _____ Total Hours: _____ Total Compensation: _____

Are non-administrative employees being compensated for similar services? Yes No

Classification: _____ Hourly Rate of Pay: _____

Program name to be charged: _____ Program Code: _____

For important information regarding criteria and guidelines for qualifying for professional expert and X/Z basis pay, please refer to Personnel Policy Guide E12, Employment of Professional Experts.

This form must be submitted with a Request for Personnel Action "Greenie" and a Professional Expert Application form if applicable.

Approved Not Approved _____
District Superintendent/Division Head District Date