

Latrobe School District  
**EXTRA DUTY CONTRACT**  
School Year \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Extra Duty: \_\_\_\_\_

Period of Service: (dates) From: \_\_\_\_\_ To: \_\_\_\_\_

Stipend Amount: \$ \_\_\_\_\_

**For office use only:**

No. of Payments \_\_\_\_\_

Month: \_\_\_\_\_ Amount: \_\_\_\_\_

Month: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Code: \_\_\_\_\_

Within the above-noted terms and conditions you are elected to serve the Latrobe District in the capacity and during the school year indicated.

ACCEPTANCE OF OFFER OF EMPLOYMENT

I accept the above offer of employment and the terms and conditions thereof and will report for duty as directed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent