

**3.8.2F1 -- OFF-CONTRACT COMPENSATION FOR CERTIFIED PERSONNEL  
REQUEST AND DOCUMENTATION FORM**

**Employee Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Requested Work Days (Dates)** \_\_\_\_\_

**Compensation: \$19.67 per hour (limit 8 hours per day)**

**Funding Source (Account Number):** \_\_\_\_\_

**Reason for Off-Contract Work** \_\_\_\_\_

**Comments** \_\_\_\_\_

**I understand that off-contract pay will be \$19.67 per hour.**

**Employee Signature:** \_\_\_\_\_

**Requested By (District Administrator)** \_\_\_\_\_

**Approved By (Superintendent or Designee)** \_\_\_\_\_