



LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEMORANDUM

MEM-2642.2  
December 18, 2006

ATTACHMENT L

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