



Special Revenue Extra Duty Cover Sheet

Department/Campus: _____ Date: _____ Grant Source: _____ Total Amount: _____

#	Last Name	First Name	Employee ID	Pay Code	Pay Rate	Hours	Total Cost	Budget Code(s)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

1	How is the extra-duty reasonable and necessary to carry out the intent and purpose of the program?	
2	Provide the description, as written in the campus or district improvement plan, of the program, activity, or strategy that will be addressed by the extra-duty requested. Goal ___ Objective ___ Strategy ___	
3	What need, as identified in the comprehensive needs assessment, does the extra-duty address? Explain how the extra-duty addresses this need.	
4	How will this expense be evaluated to measure a positive impact on student achievement?	
5	<p>The “supplement, not supplant” provision is to help ensure grant funds are expended to benefit the intended population, rather than being diverted to cover expenses the LEA would have paid out of other funds in the event the grant funds were not available. Please check to ensure the following:</p> <ul style="list-style-type: none"> This expenditure is an addition(extra) to the basic/required instructional program This is not a requirement by state law or Board Policy This was not previously funded with local funds 	

*****By signing my name, I acknowledge I have reviewed all of the above for accuracy. I further acknowledge I may be held liable for items that are not in compliance under the grant guidelines.**

Principal/Director/Chief: _____ **Signature:** _____ **Date:** _____

Federal & State Programs: _____ **Signature:** _____ **Date:** _____