

BALTIMORE COUNTY PUBLIC SCHOOLS
Extra Duty Activity (EDA) Agreement
HOURLY EMPLOYEE

Employee's Name

School

Employee's Position or Job Title (e.g., paraeducator)

I am pleased to acknowledge that you have agreed to sponsor _____
Activity *Negotiated EDA Code*
 for the _____ school year. This is a Category _____ EDA and the total annual compensation shall not exceed the amount for this category. Below are the terms of this agreement.

- ❖ You will be paid \$13.00 per hour as compensation to sponsor this after-school activity. The total maximum compensation for sponsoring this EDA is based upon the following:

Category I EDA	\$ 936	Maximum of 70 hours
Category II EDA	\$1,872	Maximum of 140 hours
Category III EDA	\$2,270	Maximum of 170 hours
Category IV EDA	\$2,805	Maximum of 210 hours

- ❖ If, as a result of sponsoring this EDA, you work more than 40 hours in a work week, then your overtime rate of pay for sponsoring this EDA will be \$19.50 (\$13.00 x 1.5 = \$19.50) for all hours in excess of 40 in a work week. That is, you will be paid time-and-one-half for all EDA hours worked in excess of 40 in a work week.
- ❖ Your EDA hours worked shall be reported on a special "EDA Time Sheet for Hourly Employees." You will be paid two weeks in arrears following the close of the pay period.
- ❖ This agreement is limited solely to the _____ school year and expires at the end of the designated school year. There shall be no tenure associated with your sponsorship of this EDA.
- ❖ The Board of Education shall under no circumstances be bound to designate you as a sponsor of an EDA of any type for the ensuing school year, and you shall under no circumstances be lawfully bound to accept the sponsorship of an EDA for the ensuing school year.

Your acceptance of this agreement means that you are assuming the responsibilities and obligations for the sponsorship of this EDA in accordance with the policies and rules of the Board of Education of Baltimore County. This responsibility is not related in any way to, or contingent upon, any other job or responsibility you may have with the Board of Education of Baltimore County.

Employee's Signature

Date

Principal's Signature

Date

Employee's Social Security Number

Area Assistant Superintendent's Approval

Original – Principal

Copy 1 – Employee