

# SUPPLEMENT PAY REQUEST

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

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Activity

Assigned School: \_\_\_\_\_

Supplement Amount: \_\_\_\_\_

Check one: ( Pay may not begin until season or activity has started)

\_\_\_ Equal Pay Disbursement (equal portions with regular pay throughout pay year)  
(not available for non-certified staff)

\_\_\_ Lump Sum (Paid at end of semester depending on time of activity)  
\_\_\_ Mid December  
\_\_\_ Mid May

Check which applies:

___ Extra Curricular Assignments –High School	___ Extended Contract
___ Extra Curricular Assignments – Elementary	___ Summer School
___ CTE (Vocational) – High School	___ Credit Recovery
___ County Wide Activity	___ Other

1. In the event an employee who, for any reason, accepts an assignment in a supplement area listed above and does not fulfill the obligation under this agreement and has been paid for such obligation, that employee shall refund to the board the amount which represents that payment for that obligation during the term of this contract.

2. For Certified, non-tenured personnel - if this position has coaching responsibilities, I understand that resignation without administrative concurrence from either the teaching or coaching position constitutes resignation from both.

Employee \_\_\_\_\_ Administrator \_\_\_\_\_  
Signature Signature

## Required Documents

Certified: Supplement Pay Request

Non-Certified: Supplement Pay Request and Non-Certified Supplement Agreement

Non-Employee: Supplement Pay Request and W9 form