

# SUPPLEMENT PAY REQUEST

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

Position: \_\_\_\_\_

Activity

Start Date \_\_\_\_\_

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

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)

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

\_\_\_\_ Mid December

\_\_\_\_ Mid May

\_\_\_\_ Hourly computation ( All Non-Certified ) entered on time sheet.

*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 \_\_\_\_\_

Signature

Administrator \_\_\_\_\_

Signature

**\*\*NOT AN EMPLOYEE- Need a check request from Mrs. Harris, CFO See the attached W-9**

