

ESCAMBIA COUNTY BOARD OF EDUCATION

Post Office Box 307 - Brewton, Alabama 36427
Telephone 251-867-6251- Fax 251-867-6252
Office of the Superintendent of Education

Date: _____

I recommend a salary supplement for _____ for the
Name
_____ school year. The supplement will be for the amount of _____.
School Year Dates Annual Amount

This supplement is for his/her additional duties as a _____.
Job supplemented for

The supplement will be paid from local funds and will be given on a year-to-year basis, with no commitment or expectation, that this will become a permanent part of his/her salary.

Principal/Supervisor Signature

I, _____, understand this salary supplement is given on a year-to-year basis and there is no commitment, promise, guarantee, or expectation that this will be paid each and/or every year.

Employee Signature

Date

