



Form: EC – EXTRACURRICULAR TIER INCREASE SUPPLEMENT

Please complete the STEM application below for supplement approval.

Full Name with Middle _____ Last four digits of social _____

Primary Location _____

Date _____

DEPARTMENT _____

SIGNATURE _____ DATE _____

Please enter the total amount to be paid _____

PLEASE CHECK ALL THAT APPLY TO THE AMOUNT YOU ARE REQUESTING:

- T2-STEM INCREASE \$2,000.00 DUE: APRIL 30TH: PAID MAY 30TH
- T3-STEM INCREASE \$4,000.00 DUE: APRIL 30TH: PAID MAY 30TH
- T2-BAND INCREASE \$4,000.00 DUE: APRIL 30TH: PAID MAY 30TH
- T3-BAND INCREASE \$7,000.00 DUE: APRIL 30TH: PAID MAY 30TH
- T-DRAMA INCREASE \$2,000.00 DUE: APRIL 30TH: PAID MAY 30TH
- T3-DRAMA INCREASE \$4,000.00 DUE: APRIL 30TH: PAID MAY 30TH

The Principal is responsible for ensuring the employee has completed the task assigned to earn the tier supplemental payment. FAILURE TO MEET THE CUTOFF DATES MAY RESULT IN FORFEITING PAYMENT.

PRINCIPAL/DIRECTOR SIGNATURE _____ DATE _____

C/O DIRECTOR SIGNATURE _____ DATE _____

CSFO SIGNATURE _____ DATE _____

SUPERINTENDANT SIGNATURE _____ DATE _____

ACCOUNT NUMBER _____