SUPPLEMENT PAY REQUEST

ircle one:	Certified_	Non-Certified	Non-Faculty
Name:			
Position	:Acti	star	t Date:
Suppler	ment Amount:		
Check	one: (Pay may r	not begin until season or	activity has started)
•	•	ement (equal portions v	vith regular pay throughout pay year)
	mp Sum(Paid at Mid Decem Mid May	end of semester dependi ber	ng on time of activity)
Check	which applies:	:	
Extra	Curricular Assign	nments –High School	Extended Contract
Extra	Curricular Assign	nments – Elementary	Summer School
CTE ((Vocational) – Hiç	gh School	Credit Recovery
Cour	nty Wide Activity		Other
not fulfill th board the a 2. For Certij	e obligation under this mount which represent fied, non-tenured person	agreement and has been paid fo is that payment for that obligation nel - if this position has coaching r	ment in a supplement area listed above and does r such obligation, that employee shall refund to the n during the term of this contract. esponsibilities, I understand that resignation without on constitutes resignation from both.
Employe		Admini	
	Sign	ature	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