

SUPPLEMENTAL / EXTRA DUTY REQUEST FORM

When activity or sport is completed this form must be submitted for payment to be processed

Employee ID Number: _____

Part 1	<p><u>EMPLOYEE TO COMPLETE AND RETURN TO ATHLETIC DIRECTOR/BUILDING PRINCIPAL WHEN SUPPLEMENTAL JOB HAS BEEN COMPLETED</u></p> <p>I, _____ have completed my supplemental contract for (Print your name)</p> <p>_____ and would like to be paid. (Supplemental contact description)</p> <p>Checklist to be checked off when you have completed the end of your supplemental contract: Employee --- all keys that I have in my possession have been returned to the school. (Exception: If you're a <u>regular</u> contracted employee of the school district)</p> <p>_____ All necessary contract agreements have been fulfilled: (EX: Coaches Training, Pupil Activity Permit, BCI/FBI requirements)</p> <p>_____ Employee Signature</p> <p>_____ Date</p>
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Part 2	<p><u>SUPERVISOR TO COMPLETE</u></p> <p>_____ I have received school keys from the above individual</p> <p>_____ I have received an inventory list from the above individual (Head coach only)</p> <p>_____ OK to pay supplemental contract in the next available pay</p> <p>_____ DO NOT pay supplemental contract in the next available pay***</p> <p>*** REASON(S) FOR NON-PAY: _____ _____</p> <p>(A.D. / Principal / Supervisor will notify when ok to pay by filling out revised form)</p> <p>_____ A.D. / Principal / Supervisor Signature (must have one signature)</p> <p>_____ Date</p>
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Part 3	<p><u>PAYROLL OFFICE TO COMPLETE</u></p> <p>_____ Date request form was received</p> <p>_____ Date supplemental was paid</p> <p>_____ Amount of supplemental paid</p>
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