

SUPPLEMENTAL PAY REQUEST

A. This is to certify that _____
Employee and ID Number
has completed the supplemental contract as _____
Position
at _____
School

Employee Date

Principal Date

B. Payment in the amount of \$ _____ was paid to
above employee on _____
Date

DIRECTIONS:

Part A To be completed by employee and principal.

PART B To be completed by the Payroll Department.

Send ORIGINAL Completed Form to the PAYROLL DEPARTMENT.