

# SUPPLEMENTAL / EXTRA DUTY REQUEST FORM

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

Employee ID Number: \_\_\_\_\_

Circle district:      **RITTMAN**                  **ORRVILLE**                  **GREEN**                  **SOUTHEAST**

### Part 1

#### EMPLOYEE TO COMPLETE AND RETURN TO ATHLETIC DIRECTOR/BUILDING PRINCIPAL WHEN SUPPLEMENTAL JOB HAS BEEN COMPLETED

I, \_\_\_\_\_ have completed my supplemental contract for  
(Print your name)

\_\_\_\_\_ and would like to be paid.  
(Supplemental contact description)

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 regular contracted employee of the school district)

\_\_\_\_\_ All necessary contract agreements have been fulfilled: (EX: Sports Med, TB test, BCI/FBI requirements)

\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date

### Part 2

#### SUPERVISOR TO COMPLETE

\_\_\_\_\_ I have received school keys from the above individual

\_\_\_\_\_ I have received an inventory list from the above individual (Head coach only)

\_\_\_\_\_ OK to pay supplemental contract in the next available pay

\_\_\_\_\_ DO NOT pay supplemental contract in the next available pay\*\*\*

\*\*\* REASON(S) FOR NON-PAY:

\_\_\_\_\_

\_\_\_\_\_ (A.D. / Principal / Supervisor will notify when ok ot pay by filling out revised form)

\_\_\_\_\_ A.D. / Principal / Supervisor Signature (must have one signature)

\_\_\_\_\_ Date

### Part 3

#### PAYROLL OFFICE TO COMPLETE

\_\_\_\_\_ Date request form was received

\_\_\_\_\_ Date supplemental was paid

\_\_\_\_\_ Amount of supplemental paid