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 SOUTHEAST

HAS BEEN COM	NPLETED	
		have completed my supplemental contract for
	(Print your name)	
		and would like to be paid.
	(Supplemental contact description)	
	ecked off when you have completed the en	
	Il keys that I have in my possession have be	
((Exception: If you're a <u>regular</u> contracted of	employee of the school district)
	All necessary contract agreements have be	en fulfilled: (EX: Sports Med, TB test, BCI/FBI requirements)
Employee Signat	:ure	Date

SUPERVISOR T	O COMPLETE	
	I have received school keys from the above	e individual
_	there are sixed an inventory list from the a	Free tradicidual (Clark appala milk)
	I have received an inventory list from the a	bove individual (Head coach only)
	OK to pay supplemental contract in the nex	xt available pay
ı	DO NOT pay supplemental contract in the I	novt quallable nav***
	JO NOT pay supplemental contract in the i	lext available pay
*** REASON(S) FOR NON-PAY:	
-		
	(A.D. / Principal / Supervisor will notify when	ok ot pay by filling out revised form)
	Supervisor Signature (must have one signature) Date
A.D. / Principal /		
A.D. / Principal /		
A.D. / Principal /		
	CE TO COMPLETE	
		form was received