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