

SUPPLEMENTAL PAY/CONTRACTS

A. This is to certify that _____
Employee's Name

ID# _____ has completed the supplemental contact as

_____ at _____
Position School

Employee Signature Date

Principal Signature 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 completed by County Office

SEND ORIGINAL COMPLETED FORM TO: PAYROLL DEPARTMENT, CENTRAL OFFICE

IF ANY OTHER THAT THIS REVISION IS USED, THE REQUEST FOR PAY WILL BE RETURNED.

REV 2/25/19