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

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(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)		(Print your name)
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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 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) PAYROLL OFFICE TO COMPLETE Date request form was received		(Supplemental contact description)
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