

Supplementary Duty Pay Check-off Submission Form

Teacher/Sponsor: _____

Employee ID: _____

Campus: _____

CTSO/Conference: _____

Career & Technical Student Organization (CTSO) Sponsorship

Supplemental Duty Pay Form COMPLETED correctly **Note:** Must be signed by campus principal

Copy of approved Professional Leave(s) **Note:** One for each conference

Official CTSO Conference Registration Invoice(s) w/student member names (list) **Note:** One for each conference

St Student sign-in sheet for each date of preparation **Note:** must be during non-instructional time & per conference

Professional Development

Supplemental Duty Pay Form **Note:** not included with CTSO Sponsorship

C Copy of approved Professional Leave(s)

Copy of Conference Registration Invoice

Copy of Certificate of Completion

Professional Duties

Supplemental Duty Pay Form

C Copy of Time Clock Hours

Teacher Signature

Date

For CTE Office Use Only

Coordinator: _____

Date Received: _____

Approve for Processing _____

Correction(s) Needed _____

Notes: _____