

GREEN LOCAL SCHOOL DISTRICT
P O BOX 218
GREEN, OHIO 44232

REQUEST FOR SUPPLEMENTAL PAY

This form must be received in Payroll TWO WEEKS (2) before the requested pay date.

I hereby request:

Payment of \$_____ for the following activity

_____.

My duty in connection with the activity has been completed for the school year. I have checked the date below that I wish to receive a separate paycheck, or have the amount included in the regular bi-weekly pay.

December 7, 2017 _____

March 1, 2018 _____

April 26, 2018 _____

June 21, 2018 _____

In the regular
Bi-Weekly Pay _____

Signature_____

Social Security Number_____Date_____

_____ has completed all phases
Employee Name

of this assignment.

Principal

Athletic Director