CERTIFICATED SUPPLEMENTAL HOURLY CONTRACT

Inspiring Excellence

LAKE STEVENS
School District

Month/Year: _____

Name: _____

Building Location: _____

It is hereby agreed that in addition to the duties as stated on the LSEA Master Contract, this employee has worked the dates/hours as show below:

Date	Explanation of Additional Duties	Hours Worked	Authorized Signature	Account Code	Rate	*Payroll Office Use*

It is agreed that compensation for these hours shall be paid in accordance with the Master Contract. It is further agreed that these hours and compensation are not subject to the Continuing Contract Law.

_____

Employee's Signature

Time sheets are due the last working day of the month and will be paid the end of the following month.