

## **Horry County Schools**

## **District Approved Academic Supplements**

School	Season	School Year	
Employee ID	Name	Academic Supplement	Supplement Amount
I verify that these assignments represent extra duties related to academic pursuits at our school. The supplement amounts and categories are approved by Learning Services and will be paid after the work is completed.			
Recommended:	Principal		Date
	Executive Director		Date
Approved:	Human Resources		Date
	Submitted to Payroll		Date
	Account Number		