

RECOMMENDATION FOR YEARLY SUPPLEMENTAL CONTRACT



EMPLOYEE INFORMATION

NAME: _____ EMPLOYEE ID: _____

CERTIFIED CLASSIFIED EMPLOYEE PHONE NUMBER: _____

EMPLOYEE EMAIL: _____

CONTRACT INFORMATION

CONTRACT AMOUNT: _____ SUPPLEMENTAL ASSIGNMENT: _____

SCHOOL YEAR: _____ SITE ASSIGNMENT: _____

***All supplemental contracts are issued on a yearly basis and must be renewed each school year.
**Only supplemental assignments listed on the current salary schedule will be considered for approval.*

NEW CONTRACT RETURNING CONTRACT

PERSONS DIRECTLY INVOLVED IN SELECTION PROCESS: _____

ACCOUNT CODE (must provide): _____

FUNDING SOURCE: GF TITLE I IDEA-B ESS CLC FRYSC COVINGTON PARTNERS
 PRICHARD GRANT/OTHER: _____

APPROVAL INFORMATION

***All supplemental contracts must be submitted and approved by an administrator, principal, and/or grant manager.*

ADMINISTRATOR/PRINCIPAL/GRANT MANAGER APPROVAL:

_____ PRINT	_____ SIGNATURE	_____ DATE
_____ PRINT	_____ SIGNATURE	_____ DATE

CENTRAL OFFICE

HR DESIGNEE OR DIRECTOR: _____ DATE: _____

SUPERINTENDENT OR DESIGNEE: _____ DATE: _____

FINANCE DESIGNEE OR DIRECTOR: _____ DATE: _____

Statement of Eligibility Valid Regular KY Certificate MAT or Alt Cert Program TC-19 TC-35
 Emergency Certification Certification in Process at EPSB Other: _____