

# SELAH SCHOOL DISTRICT

## Request for Supplemental

### Contract 2024-2025

**MEMO TO:** Kevin McKay, Superintendent, or  
Chris Scacco, Associate Superintendent, District Operations

**FROM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TYPE OF CONTRACT REQUESTED (SELECT ONE):**

- SUPPLEMENTAL CONTRACT – CERTIFICATED EMPLOYEES** – Extended days (Counselors, Psychologists, SLP, OT, School Nurses, CTE teachers, etc.), Stipends (DL teachers, Sped case managers, National Board Bonus, and other stipends as defined by the SEA agreement), and Plan Period buyouts **to be paid equally over 12 months**. No time needs to be entered or submitted to get paid for these contracts. A supplemental contract will be issued to the employee. **Professional Learning Days will be paid out with a sign in sheet from each building for all staff attending.**
- EXTRA HOURS – CLASSIFIED OR CERTIFICATED EMPLOYEES** – Authorization for extra hours to be worked outside of the employee’s contracted day for a defined purpose. Time worked outside the contracted day shall be entered into the Red Rover online system with a definition of what work or tasks were performed in the comment box.

**TYPE OF PAY REQUESTED (SELECT ONE):**

- PER DIEM RATE (Extension of regularly contracted duties):**
  - Summer School
  - Extended days/Other Stipends
  - Professional Learning Days
  - Plan period buyout
  - Evaluation Training (7 hours)
  - Time outside the day preparing and presenting inservice training to others
  - Tutoring multiple students at the same time (after school programs, etc.)
  - Plan period coverage
- HOURLY RATE (The lessor of \$50.00/hr. OR per diem):**
  - Attending Training
  - Attending meetings
  - Curriculum development
  - Tutoring individual students
  - Home hospital tutoring
  - Mentor time with mentee
  - Mentee time with mentor
  - Professional Development
- CLASSIFIED INSERVICE EMPLOYEE HOURLY RATE:** Total employment may not exceed 40 hours per week unless overtime is paid, including regular, supplemental and co-curricular hours.

**DATE(S), HOURS AND DESCRIPTION OF SUPPLEMENTAL ACTIVITY:**

Total hours authorized for each employee: \_\_\_\_\_ Date(s) of activity: \_\_\_\_\_

Work Description: \_\_\_\_\_

**EMPLOYEE(S) INCLUDED IN SUPPLEMENTAL CONTRACT REQUEST:**

Name(s): \_\_\_\_\_

FUND SOURCE/CODE TO BE CHARGED: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

**BUILDING ADMINISTRATOR SIGNATURE**

**DISTRICT ADMINISTRATOR SIGNATURE**