

BUCKEYE LOCAL SCHOOLS

SUPPLEMENTAL/EXTRA DUTY REQUEST FORM

When a Board approved supplemental or extra duty is completed this form must be submitted with **dates worked on a school district calendar** (found on the website) for payment to be processed.

Supplemental Contracts will be paid on a seprate payroll. These payments will be made once the duty has been completed. The payment schedule is listed below, provided all completed paperwork has been submitted to the Treasurer's Office no later than 3 weeks prior to the payment

1st Pay of December

Fall Sports

2nd Pay of April

Winter Sports, Site Mgrs, Drama

2nd Pay of June

Spring Sports, Advisors, Dept. Heads, Mentors

Employee Name: _____

Circle Building:

Primary

Intermediate

Jr High

High School

Athletics

Part 1 EMPLOYEE TO COMPLETE AND RETURN TO ATHLETIC DIRECTOR/BUILDING PRINCIPAL WHEN SUPPLEMENTAL JOB HAS BEEN COMPLETED

I, _____ have completed my supplemental contract for
(Print your Name)

_____ and would like to be paid.
(Supplemental Contracted Duty)

This duty began on _____ and ended on _____ for a total of _____ days.

_____ All necessary contract agreements have been fulfilled

Employee Signature

Date

Part 2 SUPERVISOR TO COMPLETE

_____ I have received any outstanding school property from the above individual, if applicable

_____ I have received an inventory list from the above individual (Head Coach Only)

_____ Ok to Pay Supplemental contract in the next available pay

_____ **DO NOT** pay supplemental contract

REASON(S) FOR NON-PAY

_____ (A.D./Principal/Superviosr will notify when ok to pay by filling out revised form)

Principal Signature

Date

Athletic Director/Curriculum Director/Superintendent

Date

Part 3 TREASURER OFFICE TO COMPLETE

_____ Date request form was received

_____ Date Supplemental was paid

_____ Amount of Supplemental paid