Supervisory Union & School District
LAMOILLE NORTH
Equity, Access, and Opportunity

96 Cricket Hill Road · Hyde Park, VT 05655-9106 · 802-851-1160 · Fax 802-851-1563

Teacher Supplemental Pay Form (Existing Employees)

Employee Name: _____ **School:** _____

Form must be received by HR for initial set-up before services/duties begin. Form must be re-submitted to Finance each time payment is made for services rendered. All options are pursuant to the Teacher Master Agreement Article VI, Section 6.8.

Ex: Committees, Teacher Leaders, Per Diem Work, Grant Funded Services, etc.

◯Licensed ◯Non-Licensed

Description of Work: _____ Dates of Service: _____

Number of (Pick One): ◯Days or ◯Hours Worked: _____

Rate (Hourly/Daily): _____ Total to be Paid: _____ (Hours/Days Worked x Rate = Total to be Paid)

Ex: Musical Director, Teacher Mentors, etc.

Group #: _____ Rate (Hourly or Lump Sum): _____ Dates of Service: _____

Description of Work: _____

Payment Option: ◯End of Service: _____ (Date)

◯Divided Equally Between Remaining Pays/Beginning Pay Period Number: _____

◯Divided by ◯2 or ◯4 Equal Payments: _____ (Example: 13 and 25)

Source of Payment and Signatures:

GL Code(s): _____

Grant and Strategy (If Applicable): _____

◯Initial Set-Up or ◯Payment for Services Rendered (Pick One)

Employee Signature: _____ Date: _____

Principal/Administrator Signature: _____ Date: _____

HR: _____