

**GREEN LOCAL SCHOOL DISTRICT
P O BOX 218
GREEN, OHIO 44232**

REQUEST FOR SUPPLEMENTAL PAY

This form must be received in Payroll TWO WEEKS (2) before the requested pay date.

I hereby request:

Payment of \$_____ for the following activity_____.

My duty in connection with the activity has been completed for the school year. I have checked the date below and wish to receive a separate paycheck or have the amount included in the regular bi-weekly pay.

December _____

February _____

April _____

June _____

In the regular
Bi-Weekly Pay _____

Signature_____

Employee ID_____Date_____

_____ has completed all phases of this assignment.
Employee Name

Athletic Director