Birmingham PUBLIC SCHOOLS
Achievement
Character
Community

Birmingham Public Schools
SCHEDULE B/SUPPLEMENTAL PAY
Compensation Form

This/These Supplemental Assignment(s) made between the Board of Education of the Birmingham Public Schools District and _____ _____

(Employee First and Last Name) Employee ID

School Year: _____ Building/School: _____

Supplemental Assignment	Level	Step	Pay Amount	Account #	Start/End Dates (year round if applicable)

This/These Assignment(s) is/are in addition to, and beyond, the duties of your regular contract of employment.

1. NEW: Payment frequency of supplemental assignments will be paid out in the following manner - CHOOSE ONE
2. _____ Equal bi-weekly payments during the activity/ assignment (default if no option chosen)
3. _____ Lump sum at the conclusion of the activity/ assignment
4. This agreement is subject to the function and completion of the activity/assignment. In the event the activity or assignment is canceled prior to commencement, this agreement shall be null and void.
5. If the activity/assignment is terminated after commencement but prior to completion, the supplemental pay will be prorated.
6. Final payment for services rendered will be made when the supplemental assignment(s) has/have been completed.
7. This agreement is subject to the satisfactory performance of the supplemental assignment(s), and performance shall be in compliance with the rules, regulations, policies and procedures of the Board of Education.

I accept the above supplemental assignment(s) and pay as stated, and agree to the terms and conditions established by the Board of Education.

Employee Signature:_____ Date:_____

Building Administrator Signature:_____ Date:_____

PLEASE SUBMIT SIGNED FORM TO PAYROLL FOR PROCESSING