



# Waynedale

## SUPPLEMENTAL / EXTRA DUTY REQUEST FORM

When activity or sport is completed this form must be submitted for payment to be processed

Employee ID Number: \_\_\_\_\_

Circle Building:      **WHS**      **WMS**      **WES**

### Part 1

**Employee to complete and return to Athletic Director / Bldg Principal when supplemental job has been completed**

I, \_\_\_\_\_, have completed my supplemental contract for  
(Print your name)

\_\_\_\_\_, and am requesting to be paid.  
(Supplemental contract description)

Check mark indicates all necessary contract agreements have been fulfilled.  
(EX: BCI/FBI requirements, TB test, Sports med, etc.)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Part 2

**Supervisor to complete. Check all that apply.**

All school keys and/or property turned in

OK to pay supplemental contract

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### Part 3

**Payroll office to complete.**

\_\_\_\_\_ Date form was received

\_\_\_\_\_ Date supplemental was paid

\_\_\_\_\_ Amount of paid supplemental