

CLINTON-MASSIE LOCAL SCHOOLS

Authorization and Payment Supplemental and Extra-curricular Contracts

To be completed by the Supervisor:

Authorization of completion of contract duties for supplemental listed below:

Employee: _____

Position: _____

Dates of Service: _____

*****The calendar on other side MUST be completed in order to be paid*****

Supervisor Signature: _____

To the employee: Your stipend in the amount of _____ (per the current salary schedule) has been approved for payment.

To be completed by Payroll Administrator:

Total # days for service credit: _____ Total #days for OBES: _____

The above payment is approved for processing.

Payroll Date: _____ Treasurer _____

Notes: