WEST BRANCH LOCAL SCHOOL DISTRICT

Supplemental Contract Holders

I have completed the duties involved with the supplemental contract _____

and have marked all the days and ACTUAL hours worked on the days below. I am requesting payment.

(If you are a full time West Branch teacher, the calendar is not needed)

Employee Signature _____

Principal/Athletic Director's Signature _____ Date: _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
JULY															
AUG															
SEPT															
OCT															
NOV															
DEC															
JAN															
FEB															
MAR															
APR															
MAY															
JUNE															

To complete the calendar for payment. You must put your actual hours worked. See example below.

EXAMPLE		11-2 pm					6-8 pm			3-4pm					

WEST BRANCH LOCAL SCHOOL DISTRICT

Supplemental Contract Holders

MONTH	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JULY																
AUG																
SEPT																
OCT																
NOV																
DEC																
JAN																
FEB																
MAR																
APR																
MAY																
JUNE																
				6-8pm				3-4pm						6-8am		