

**LUMP SUM PAYMENT OF
SUPPLEMENTAL CONTRACT FORM**

This form is to be completed at the conclusion of the season or the dates of services are completed for which you are under contract.

Return this form to the Athletic Director if you were a coach **or** your building administrator if you were an advisor.

Date: _____ Sports or Duties performed: _____

"I have fulfilled my contract obligations for the season/year."

Employee number: _____ Name: _____

Employee Signature: _____

Approved by: _____

**TIMESHEETS ARE REQUIRED IF YOU ARE NOT A FULL TIME EMPLOYEE OF
CONNEAUT AREA CITY SCHOOLS. YOUR CHECK WILL NOT BE PROCESSED
UNTIL THE TIMESHEETS ARE RECEIVED.**

for office use only:

Code _____

Amount _____

Date _____