SEYMOUR R-II SCHOOL DISTRICT
SUPPLEMENTAL PAY FORM

Name of Employee:_____ SSN: _____

School Year: _____ Date Work Completed:_____

Name of Activity or Project: _____

_____

_____

(Briefly describe who or what)

_____ Regular Budget _____ Special Education _____ Homebound Instruction

_____ Grant _____ Professional Development

Account Code: _____ _____
Function Object

Total number of days worked _____ or Total number of hours worked _____

Amount of compensation per hour _____

TOTAL AMOUNT TO BE COMPENSATED **$** _____

Employee _____ Date: _____
(signature)

Building Principal/Project Coordinator_____ Date: _____
(signature)

Superintendent: _____ Date: _____

Approved _____ Not Approved _____

Date forwarded to Bookkeeping: _____

When more than one employee has participated in an activity or project which will provide for compensation, please use the reverse side of this form to list all employees, social security numbers, and number of hours to be compensated. If employees are working at various days and times, then a form should be completed on each employee.