MARGARETTA LOCAL SCHOOL DISTRICT
SUPPLEMENTAL CONTRACT COMPLETION FORM

TO: MARGARETTA BOARD OF EDUCATION
TREASURER'S OFFICE

EMPLOYEE:

This letter is to inform the Treasurer's office that as of _____, I have fulfilled all contractual responsibilities and obligations pertaining to my supplemental contract for the position of _____.

_____ _____
Employee Date

Submit this form to your Principal or immediate Supervisor for approval

---

ADMINISTRATOR / SUPERVISOR:

This will verify to the Treasurer that _____ has fulfilled all contractual responsibilities and obligations pertaining to the position of _____ and should receive payment for services rendered as stated in the Master Agreement.

_____ _____
Administrator / Supervisor Date

Submit completed form to Payroll, Micki Hula at the Administration Office

---

Administrative Office Use

_____ Contract Signed

_____ Pupil Activity Supervisor Permit received, if applicable

_____ All activity financial transactions are completed, if applicable

Payment will not be made until ALL of the requirements of the position are completed