



Supplemental Activities Report

The Supplemental Activities Report should be used when requesting payment for additional duties or services to the District. Due to payroll cut off schedules, this form, along with supporting documentation should be received in Central Office at least three weeks in advance of the desired payment date.

Employee Name

Position

School Year

Service Date(s)

Building

Number of Students Served

Account Number to be Charged

Stipend Amount

The following accomplishments were completed during the time frame indicated above (attach additional pages if needed):

_____ Employee Signature	_____ Date	_____ Administrator Signature	_____ Date	_____ Administrator Signature (if needed)	_____ Date
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Received _____ Approved Denied Payment Date: _____

Comments: _____

_____ Ex. Director of OII Signature	_____ Date	_____ Human Resources Signature	_____ Date	_____ Financial Officer Signature	_____ Date
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Copy: Employee – Administrator(s) – Human Resources – Business Office