Form 31

Date of Request

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 Serviced

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

Received _____ ❑ Approved ❑ Denied Payment Date: _____

Comments: _____

Ex. Director of CIA Signature | Date | Human Resources Signature | Date | Financial Officer Signature | Date

Copy: Employee – Administrator(s) – Human Resources – Business Office

Revised: 09/18/2018