

BELLEVUE CITY SCHOOLS

END OF SUPPLEMENTAL DUTY PAY AUTHORIZATION

Class Advisors/Club Advisors/Club Activities/Misc

EMPLOYEE _____
SOCIAL SECURITY NUMBER _____
ASSIGNMENT _____

- 25% per academic quarter, including virtual engagement
 - Quarter 1 _____
 - Quarter 2 _____
 - Quarter 3 _____
 - Quarter 4 _____

The remaining amount of your supplemental contract will be paid on the next regular pay after the conclusion of your contractual assignment and the completion of all duties associated with the supplemental contract.

NAME _____
Signature of Employee

This certifies that all obligations of the above named employee have been fulfilled.

PRINCIPAL/ASST.PRINCIPAL _____
DATE _____