



APPLICATION FOR SUPPLEMENTAL CONTRACT

SCHOOL YEAR: _____

NAME _____ TELEPHONE: _____

ADDRESS _____
CITY _____ ZIP _____

POSITION APPLIED FOR _____
 (Please list the position as it appears on the supplemental contract listing)

Have you previously held this position? _____

West Geauga supplemental experience: _____

Qualifications/experience for this position: _____

Are you currently employed by the West Geauga Local Schools: YES NO

If not a West Geauga employee, were you referred by someone currently employed in the school system: _____
 If yes, give name: _____

Signature: _____ Date: _____

ADMINISTRATOR'S RECOMMENDATION

I recommend that this applicant be awarded a contract for the abovementioned supplemental position.

 Administrator's Signature Building Date

This position is an all year assignment: YES NO

If not an all year assignment, include start/end dates: Starts: _____ Ends: _____

FOR CENTRAL OFFICE USE ONLY

Date Received: _____ BOE Approval Date: _____ Contract Amount: \$ _____

Notes: