

# **West Geauga Local School District**

## ***Request for Supplemental Contract compensation***

This is to certify that I, \_\_\_\_\_  
(print your name)

have completed my supplemental duties as \_\_\_\_\_  
(assignment as it appears on your supplemental contract)

as contracted with the West Geauga Board of Education for the \_\_\_\_\_

school year. I hereby request compensation for these completed duties.

I also understand that supplemental contract payments will be taxed at 28% for Federal  
and 3.5% for State in accordance with the Tax Code and included in my regular pay.

\_\_\_\_\_  
date

\_\_\_\_\_  
signature – contract holder

\_\_\_\_\_  
date

\_\_\_\_\_  
signature – athletic director (if applicable)

\_\_\_\_\_  
date

\_\_\_\_\_  
signature - building principal

Contract Amount: \$ \_\_\_\_\_

Account Information: \_\_\_\_\_  
fund      function      object      OPU

### ***To be completed by the Treasurer's Department***

**Received:** \_\_\_\_\_  
date      payroll signature/initials

**Paid:** \_\_\_\_\_  
date