

# 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 27% 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