

# CALHOUN COUNTY BOARD OF EDUCATION SUPPLEMENTAL PAY REQUEST

**PLEASE COMPLETE AND SIGN IN INK**

Name of Employee Requesting Payment: \_\_\_\_\_

Employee Number: **914-00-** \_\_\_\_\_

Date Activity Completed	Description of Activity	Amount Requested	Account Code <small>Finance Use Only</small>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date