



ADMINISTRATOR SUPPLEMENTAL DAYS
FOR THE _____ CONTRACT YEAR

Name: _____

Work Location: _____

The equivalent of each day listed below should correspond to your annual contracted hours per day. Number of days to submit should correspond to your supplemental contract.

Day #	Activity	Date

I hereby certify under penalty of perjury that this is a true and correct claim for the supplemental days I worked during the above listed school year.

Employee's Signature

Date

**Return completed form to the HUMAN RESOURCES DEPARTMENT
NO LATER THAN JUNE 15**