



**Bloom-Carroll Local School District  
APPLICATION FOR PAY  
SUPPLEMENTAL CONTRACT**

I, \_\_\_\_\_, have completed all requirements fulfilling my supplemental contract for \_\_\_\_\_.

**Please contact Payroll at [cheryl.haile@bloomcarroll.org](mailto:cheryl.haile@bloomcarroll.org) for any payroll paperwork updates (i.e. new address, direct deposit updates, tax withholding changes, etc.)**

Contract start date: \_\_\_\_\_ Contract end date: \_\_\_\_\_

Total days worked: \_\_\_\_\_ Amount of contract: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Supervisor's Signature (Approval): \_\_\_\_\_

To the Employee: Forward the completed form to your Supervisor

To the Supervisor: Forward the completed form to the Superintendent's Office

**FOR SUPERINTENDENT'S OFFICE USE ONLY:**

Complete and forward to Payroll

\_\_\_\_ Employment Application

\_\_\_\_ Contract

\_\_\_\_ BCI / FBI Background Checks

\_\_\_\_ Pupil Activity Permit

\_\_\_\_ CPR

\_\_\_\_ Fundamentals of Coaching

\_\_\_\_ Concussion Course

\_\_\_\_ First Aid, Health & Safety Course

\_\_\_\_ Sudden Cardiac Arrest (Lindsay's Law)

\_\_\_\_ Protecting Children from Abuse

Date Rec'd: \_\_\_\_\_

OK to Pay: \_\_\_\_\_

**FOR PAYROLL OFFICE USE ONLY:**

Date Paid: _____	Amount Paid: _____	<input type="checkbox"/> SERS/STRS Days <input type="checkbox"/> ODJFS Weeks <input type="checkbox"/> FTE
Agenda Date: _____	Group: _____ Exp: _____	
Position #: _____, SERS or STRS	Hours: _____ Days: _____ Weeks: _____	
<input type="checkbox"/> Coach Sheet	<input type="checkbox"/> Contract	
<input type="checkbox"/> Misc. Sheet	<input type="checkbox"/> USPS	