



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

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

The contract starting date: \_\_\_\_\_

The contract ending date: \_\_\_\_\_

Total days worked: \_\_\_\_\_

Amount of contract: \_\_\_\_\_

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

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 Assistant Treasurer – Payroll

_____ BCI / FBI Background Check	Date Rec'd. _____
_____ Sudden Cardiac Arrest	
_____ Pupil Activity Permit	OK to Pay _____
_____ CPR	
_____ Contract	
_____ Fundamentals of Coaching	
_____ Concussion Course	
_____ First Aid, Health & Safety Course	
_____ COVID 19 Course	

**FOR PAYROLL OFFICE USE ONLY:**

Date Paid: \_\_\_\_\_  
Account: # \_\_\_\_\_  
Amount Paid: \$ \_\_\_\_\_