



Curriculum Department  
**Additional Supplement for Extended Activities**

This is to certify that \_\_\_\_\_, \_\_\_\_\_  
*Employee* *Employee ID*

a \_\_\_\_\_ was successful in advancing the school team to  
*Title*  
the \_\_\_\_\_ level of competition.

As a result of this advancement, the \_\_\_\_\_ should be awarded a \_\_\_\_\_ percent  
addition of the current supplement allocated for this position.

Amount of regular supplement: \_\_\_\_\_

Percent to be awarded: \_\_\_\_\_

Additional amount awarded: \_\_\_\_\_

Principal: \_\_\_\_\_ School: \_\_\_\_\_

Superintendent or Designee: \_\_\_\_\_ Date: \_\_\_\_\_