



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: _____