



Orrville City Schools

815 N. Ella St. Orrville, OH 44667  
(330) 682-5811 Orrville.k12.oh.us



Dr. David M. Toth, Superintendent  
Jay Bishop, Assistant Superintendent  
Mark Dickerhoof, Treasurer

Amy Wilson, Director of Teaching & Learning  
Joe Rubino, Director of Student Services

# SUPPLEMENTAL / EXTRA DUTY REQUEST FORM

EMPLOYEE TO COMPLETE AND RETURN TO ATHLETIC DIRECTOR/BUILDING PRINCIPAL WHEN SUPPLEMENTAL JOB HAS BEEN COMPLETED IN ORDER FOR PAYMENT TO BE PROCESSED

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Supplemental Contract: \_\_\_\_\_

All keys must be returned to the school unless you are a regular contracted employee of Orrville City Schools  
All necessary contract agreements have been fulfilled: (EX: Sports Med, TB test, BCI/FBI requirements)

Employee Signature

Date

## **Supervisor to Complete**

\_\_\_\_\_ I have received school keys from the above individual

\_\_\_\_\_ I have received an inventory list from the above individual (Head coach only)

\_\_\_\_\_ OK to pay supplemental contract in the next available pay

A.D / Principal / Supervisor Signature

Date

## **Payroll Office to Complete**

\_\_\_\_\_ Date supplemental form was received

\_\_\_\_\_ Pay Date of supplement

\_\_\_\_\_ Amount Paid