

**BROOKFIELD LOCAL SCHOOLS
SUPPLEMENTAL PAY REQUEST**

I, _____ have completed the requirements of the

Supplemental Contract as: _____

This includes:

_____ Inventory of equipment

_____ Evaluation of program and coaches

_____ All records required by the athletic director, principal
and athletic council

_____ All sports clinic certificates, CPR cards, TB tests,
HBV paperwork, and bloodborne pathogen paperwork.

Head Coach

Building Principal

Athletic Director

Superintendent

Date

I understand that I will receive a one-time payment of \$_____ on the next
regularly run payroll.

Coach's Signature

Date