

**BROOKFIELD LOCAL SCHOOLS
SUPPLEMENTAL PAY REQUEST**

I, _____, have completed the requirements of the Supplemental Contract as
_____.

Sports supplementals include:

- _____ 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

Student Activity supplementals include:

- _____ Any outstanding fundraiser forms to be completed and turned in
- _____ All money raised to be accounted for and deposited
- _____ Any other records required by your building principal

I understand that I will receive a one-time payment of \$_____ on the next regularly run payroll.
(Please check with Janelle if you are not sure of the amount.)

Coach/Advisor

Building Principal

Head Coach (if applicable)

Superintendent

Athletic Director (if applicable)

Date