

**UNION COUNTY SCHOOL BOARD
AUTHORIZATION OF SALARY SUPPLEMENT
SCHOOL YEAR: _____**

EMPLOYEE NAME: _____

PLEASE CHECK ALL THAT APPLY AND FILL IN APPROPRIATE INFORMATION:

ATHLETIC SUPPLEMENT

_____ SPORT	_____ YR LEVEL	_____ AMOUNT	_____ CODE
_____ SPORT	_____ YR LEVEL	_____ AMOUNT	_____ CODE

ORGANIZATIONAL/CLUB

_____ CLUB OR ORGANIZATION	_____ YR LEVEL	_____ AMOUNT	_____ CODE
_____ CLUB OR ORGANIZATION	_____ YR LEVEL	_____ AMOUNT	_____ CODE

EMPLOYEE ON SPECIAL ASSIGNMENT

_____ SPECIAL ASSIGNMENT	_____ YR LEVEL	_____ AMOUNT	_____ CODE
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Beginning and End Date of Activity Period: _____

Pay Date for payment/s: _____

SUPERVISOR'S SIGNATURE AUTHORIZING SUPPLEMENT: _____

DATE: _____

SIGNATURE OF DIRECTOR OF PERSONNEL APPROVING SUPPLEMENT: _____

DATE: _____ Date sent to HR Dept for processing: _____

SIGNATURE OF FINANCE DIRECTOR: _____

DATE: _____

