

**DATE:**

**AUTHORIZATION FOR PAYMENT**

**% OF BASE:** \_\_\_\_\_

This is to certify that \_\_\_\_\_ **Emp #** \_\_\_\_\_

Has completed his/her \_\_\_\_\_

Supplemental Contract and authorization for payment in the amount of: \$ \_\_\_\_\_

Please list dates worked: **Office Use Only**

Days	Weeks	Hours

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Building Principal / A.D.'s Signature**

\_\_\_\_\_  
**Superintendent's Signature**

**Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_

	<b>MONTH</b>	<b>AMOUNT</b>	<b>Paid:</b> ____/____/____
<b>1<sup>st</sup> Payment</b>	_____	_____	_____
<b>2<sup>nd</sup> Payment</b>	_____	_____	_____
<b>3<sup>rd</sup> Payment</b>	_____	_____	_____

**\*ALL required items must be completed with the AD Office to receive (3<sup>rd</sup>) final payment.**

**• MISSING DOCUMENT(S)** \_\_\_\_\_ **INITIAL:** \_\_\_\_\_