Form Revised 8/2009

JEFFERSON COUNTY BOARD OF EDUCATION
LOCAL
Salary Supplements
2010-2011

Certified Employees

Supplementary Assignment	Full Name of Employee	Position	Employee ID #	Supplement Amount	Funding Source

Classified Employees

Supplementary Assignment	Full Name of Employee	Position	Employee ID #	Supplement Amount	Funding Source

Principal's signature below signifies his/her approval of the supplementary salary requests listed above. This signature is also verification that all personnel listed above are presently employed by the Jefferson County Board of Education.

Approved: _____
Principal

_____
Director of Human Resources

_____(fax/email/pony)
Date Submitted to Human Resources