



LIMESTONE COUNTY SCHOOLS

Coaching and Sponsor payment Request

(This form is to be used for supplements approved by the Limestone County Board of Education.)

Employee Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee's School: \_\_\_\_\_

Assignments	Supplement Amount	Amount to be Paid By the Board	Amount to be Paid By the School
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
5 _____	\$ _____	\$ _____	\$ _____

(If additional spaces are needed, complete another form and attach.)

The signatures below affirm that the employee named above has completed all duties related to the identified supplement assignment/s and that the above supplement is due and payable. Any unfulfilled duties and or responsibilities of this arrangement are grounds for withholding payment of part or the entire supplement ammount.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_