

ELIDA LOCAL SCHOOLS

SUPPLEMENTAL CONTRACT PAYMENT AUTHORIZATION FORM

Date

I, the undersigned employee of the Elida Local School District, have completed the following supplemental contract:

Signature of Employee

Approved _____
(Signature of Principal or
Assistant Superintendent)

Disapproved _____
(Signature of Principal or
Assistant Superintendent)

Approved _____
(Signature of Superintendent)

Disapproved _____
(Signature of Superintendent)

Approved _____
(Signature of Treasurer)