



Clio Area Schools Authorization for Payment of Extra Duty

EMPLOYEE	
Employee Name: _____	Activity: _____
Type: <input type="checkbox"/> Extra-Curricular <input type="checkbox"/> Athletic Coach <input type="checkbox"/> Teacher of Record/Mentor/Partnership	
Building: _____	Season: _____
Grade: _____	
By signing below, you verify that the above activity has concluded and all materials, documents and processes have been completed and submitted to the necessary departments.	
Employee Signature: _____	Date: _____

PRINCIPAL/AUTHORIZED SUPERVISOR
By signing below, you verify that the above activity has concluded and all materials, documents and processes have been submitted to the necessary departments. You further verify that the above individual is authorized to receive final payment.
Principal Name (Print): _____
Principal Signature: _____
Date: _____
<u>Coaching</u>
Payment authorization according to teacher contract: _____% of Step _____ Amount: _____
<u>Extra-Curricular Duty</u>
Payment authorization according to teacher contract: # _____ Building _____ Amount: _____

BUSINESS OFFICE		
Paid on date: _____	Pay #: _____	Amount: \$ _____

- C: Original to business office
- Copy to Principal
- Copy to Employee