SUPPLEMENTAL CONTRACT RELEASE

I have completed my supplemental contract duties as _____Advisor/ Coach, and have collected all necessary materials from my students for this 2017/2018 school year. I understand payment will be issued in accordance with the payroll calendar schedule.

[__] I **DO** wish to continue serving in this position for the 2018/2019 school year

[__] I **DO NOT** wish to continue serving in this position for the 2018/2019 school year

_____ _____

Date Advisor's/Coach's Signature (must be legible)

I agree that the above advisor/coach has satisfied all parts of his/her supplemental contract for this 2017/2018 school year. Said advisor should be paid in accordance with his/her signed contract the amount agreed upon by them and the North Fork Board of Education.

_____ _____

Date Immediate Supervisor's/Head Coach's Signature (must be legible)

_____ _____

Date Activities Director's Signature (must be legible)

Treasurer's Office Use:

Level _____
Step _____ _____ Contract Amount
% _____