SUPPLEMENTAL CONTRACT RELEASE

	necessary materials from my students for thisAdvisor/
I understand payment will be issued in accordance with the payroll calendar schedule.	
[] I <u>DO</u> wish to continue s	serving in this position for the school year
[] I <u>DO NOT</u> wish to conti	nue serving in this position for the school year
Date	Advisor's/Coach's Signature (must be legible)
for this school ye contract the amount agreed	or/coach has satisfied all parts of his/her supplemental contract ear. Said advisor should be paid in accordance with his/her signed 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