



Riverside Local Schools

Supplemental Completion Verification

This is to certify that I, _____,
(Print your name)

have completed the entire obligation of my Supplemental Contract as:

(Assignment as it appears on your Supplemental Contract)

per my contract with the Riverside Local School District for the _____ school year.

I have completed all of the requirements set by Ohio Department of Education and Riverside Local Schools.

Signature of Contract Holder _____
Date

Playoff Stipend – 3% percent of Supplemental for each qualified playoff, up to 9%

Note Playoff Stipend will be paid in a lump sum payment.

Administrator to complete: Circle Applicable Stipend

No Stipend 3% 6% 9%

Signature of Athletic Director (if applicable) _____
Date

Signature of Building Principal (if applicable) _____
Date

Contract Amount: \$ _____

Date Contract was Board approved: _____

PLEASE COMPLETE AND RETURN TO THE TREASURER'S OFFICE BY JUNE 1st

FOR PAYROLL USE ONLY

Lump Sum Payment: _____ **Spread Payments:** _____

Account Charged: _____

Received in Payroll: _____ **Date Paid:** _____

Amount Paid: _____ **Treasurer's Approval:** _____