



Calhoun County School District  
\_\_\_\_\_ School Year

**Salary Supplement Recommendations**

**Employee Receiving Supplement(s)**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

School/Site \_\_\_\_\_

**Supplement(s)**

Supplement Position	Beginning Date	Ending Date	Amount of Supplement

\_\_\_\_\_  
Employee's Signature (signifying understanding and agreement of supplement) Date

\_\_\_\_\_  
Principal's Signature Date