

**Switzerland of Ohio Local School District**  
**Application and Authorization for Pay**  
**Supplemental Contract Salary**

I-27

Employee: \_\_\_\_\_ ID #: \_\_\_\_\_

I hereby authorize that I have fully completed all my duties and responsibilities as  
assigned or required for the position of: \_\_\_\_\_

at \_\_\_\_\_ for the \_\_\_\_\_ school year.  
(School Name)

Therefore I am requesting payment of my contract salary in the amount of:  
\_\_\_\_\_ to be included with my next regular paycheck.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's/Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

**The following is to be completed by Non-District Employees**

Number of Days Worked: \_\_\_\_\_ *total of days from attached calendar*

Number of Weeks Worked: \_\_\_\_\_ *total of weeks from attached calendar*

Please attach a calendar listing the number of hours spent on activity per day.

Office Use Only:

Received:

BOE approved:

Entered:

Paid: