

# WARREN CITY SCHOOLS

## 2025-2026 SUPPLEMENTAL PAY VOUCHER

PAYDATE SUPPLEMENTAL WILL BE PAID:

Dec 12, 2025

Mar 27, 2026

Jun 26, 2026

DUE IN PAYROLL OFFICE BY (circle one):

**Nov 7, 2025**

**Feb 20, 2026**

**May 22, 2026**

I, \_\_\_\_\_ Employee Number \_\_\_\_\_  
Social Security Number XXX-XX-\_\_\_\_\_ have been awarded the supplemental contract of  
\_\_\_\_\_ at \_\_\_\_\_ (school  
location)\_\_\_\_\_. The total amount as identified in my  
supplemental contract with the Warren City Board of Education is \$\_\_\_\_\_.  
It is my understanding that I may be paid for this supplemental amount stated above in one of two  
ways: **(Please check one)**

\_\_\_\_\_ **Lump Sum Payment** (This payment form can only be completed and paid  
upon the completion of the supplemental) **Date supplemental completed:**  
\_\_\_\_\_

\_\_\_\_\_ **1/3 Payment** (This payment form will be paid in 3 payments. The payment  
dates are listed at the top of this form). I also understand that if I elect 1/3  
payment, my supplemental form must be in payroll by November 7, 2025. If I  
do not submit the supplemental voucher by this deadline, I forfeit payment of  
this supplemental until the final payment date of June 26, 2026. **Date  
supplemental completed:**\_\_\_\_\_

**I also understand that by electing the 1/3 payment option, this will be the one  
and only time that I need to submit a payment voucher to the payroll office for  
the supplemental stated above.**

**\*Important- please read italicized below:**

\_\_\_\_\_ *If you are performing a supplemental contract with WCS only and are not a  
regular staff employee, please have the principal on the line provided enter  
the number of days worked under this supplemental. (CLASSIFIED  
STAFF ONLY)*  
\_\_\_\_\_ *Hours worked*

***Appropriate signature(s) must be obtained before forwarding to the payroll department. Otherwise,  
supplemental voucher will be returned.***

Approval for:  
**Extracurricular Activities**

Approval for:  
**Athletic Personnel**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Athletic Signature

\_\_\_\_\_  
Principal/Superintendent

\_\_\_\_\_  
Athletic Director

