

**WARREN CITY SCHOOLS
2024-2025 SUPPLEMENTAL PAY VOUCHER**

PAYDATE SUPPLEMENTAL WILL BE PAID: Dec 13, 2024 Mar 28, 2025 Jun 27, 2025

DUE IN PAYROLL OFFICE BY (circle one): **Nov 8, 2024** **Feb 21, 2025** **May 23, 2025**

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 8, 2024. If I
do not submit the supplemental voucher by this deadline, I forfeit payment of
this supplemental until the final payment date of June 27, 2025. **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