



# EPPING SUPPLEMENTAL PAYROLL ONLY

This form is to be used to pay any employee beyond their contractual agreement and coaches

DEPARTMENT/SCHOOL(s): \_\_\_\_\_

Choose an item.

This agreement, is made between Epping School District and below Employee per NH State Law, Epping CBA, and the Employee handbook

Employee Name: \_\_\_\_\_

Position/ Duty Performed: \_\_\_\_\_

\*Please Be sure to include required time logs: Time and Effort Sheet or Sign in Sheet or Itinerary

Date (s) Activity to be Performed: \_\_\_\_\_

Account Code: \_\_\_\_\_ Grant Activity: \_\_\_\_\_

Annual Payment:  December  June Total Amount: \$ \_\_\_\_\_

One-time Lump Sum for One Time Session: \$ \_\_\_\_\_ Pay Date: \_\_\_\_\_

Paid Bi-Weekly Payments:  22 Pays  26 Pays Amount: \$ \_\_\_\_\_

Two Equal Payments Split: \$ \_\_\_\_\_

Dates: \_\_\_\_\_ & \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Hours Per Day: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Not to Exceed Amount: \$ \_\_\_\_\_

Athletics: Fall  Winter  Spring

Other: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Entered By Payroll: \_\_\_\_\_ Date: \_\_\_\_\_