

Woodridge Local School District

SUPPLEMENTAL CONTRACT APPLICATION

NAME _____ HOME PHONE # _____

WORK PHONE # _____

ADDRESS _____ SCHOOL YEAR _____

CITY/ZIP CODE _____

ARE YOU CURRENTLY A MEMBER OF STRS? YES _____ NO _____ SERS? YES _____ NO _____

POSITION APPLIED FOR _____

DATES THAT THESE DUTIES BEGIN _____ AND END _____

PRIOR EXPERIENCE

POSITION	SCHOOL DISTRICT	YEARS EXP.

REFERENCES: _____

METHOD OF PAYMENT: (Please check method requested)

_____ Lump Sum at the end of duties

_____ Installments twice a month over the supplemental contract period

_____ Payment over 24 net pays *Duties must begin by first day of school

Administrative/Board of Education Action

Date received: _____ Date of Interview: _____

This candidate is recommended for the position indicated above and be granted the following experience on the salary schedule: _____ year(s) experience.

Approvals: _____
Athletics/Activities Director
Building Principal

Treasurer's Calculation of Supplemental: _____
Base Points
Years exp
Longevity
Total Points

Signature: _____ Date: _____ Salary: \$ _____

Approval Board of Education: _____
Date
Resolution No.

Approval: _____
Superintendent
Date: _____

- 1/26/01
- 9/02
- 10/02
- 10/3/14
- 9/18/15