

# 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