

# EXTRA DUTY ASSIGNMENT

## Statement of Completion

Upon completion of the extra duty assignment, approved by the Spencerville Board of Education, please fill out this form and submit it to the appropriate supervising authority, either head coach, athletic director or building principal as appropriate.

Request for payment of approved compensation:

Name (print) \_\_\_\_\_

Assignment \_\_\_\_\_

Amount of Compensation approved \$ \_\_\_\_\_

I hereby certify that all responsibilities in connection with the assignment listed above, have been satisfactorily completed.

Date \_\_\_\_\_ SS# \_\_\_\_\_ Signed \_\_\_\_\_

### Verified and approved:

Date \_\_\_\_\_  
Supervisor/Head Coach

Date \_\_\_\_\_  
Athletic Director/Bldg. Principal

Date \_\_\_\_\_  
Superintendent