

**MELBA SCHOOL DISTRICT NO.
136
SUPPLEMENTAL PAY METHOD
REQUEST**

MSD PR-SUP Rev. 2/02
Ver.1

Employee Name: _____ Date of
Request: _____

Supplemental Contract:

Pay Method Desired:

- One Time Only (end of Supplement Period)**
- Pro-Rated from start of Supplement Period through the end of the supplement period.**
- Pro-rated from start of Supplement through June.**
- Pro-Rated over twelve months. (*For supplements lasting nine months or more in one fiscal year.*)**

Signed: _____ **Date:** _____

*Presented to the Policy Committee 7-16-02
Presented to the School Board 1st reading*