



Riverside Local Schools

Supplemental Completion Verification

This is to certify that I, _____,
(Print your name)

have completed the entire obligation of my Supplemental Contract as:

(Assignment as it appears on your Supplemental Contract)

per my contract with the Riverside Local School District for the _____ school year.

I understand Lump Sum payments of Supplemental Contract will be taxed at 22% for the Federal Taxes and 3.5 % for State Taxes in accordance with the current tax code.

I have completed all of the requirements set by Ohio Department of Education and Riverside Local Schools.

Signature of Contract Holder

Date

Signature of Athletic Director (if applicable)

Date

Signature of Building Principal (if applicable)

Date

Contract Amount: \$ _____

Date Contract was Board approved: _____

PLEASE COMPLETE AND RETURN TO THE TREASURER'S OFFICE BY JUNE 1st

FOR PAYROLL USE ONLY

Lump Sum Payment: _____ **Spread Payments:** _____

Account Charged: _____

Received in Payroll: _____ **Date Paid:** _____

Amount Paid: _____ **Treasurer's Approval:** _____