

FRAZIER SCHOOL DISTRICT
CERTIFICATION FOR PAYMENT

Supplemental Salaries

I certify that I have completed service as _____
_____ (activity)
_____ during the _____
(assignment) _____ (school term)
entitling me to payment of \$ _____ under terms and conditions of the
Collective Bargaining Agreement in effect and school district policy.

Date Signature – Sponsor/Coach

Approved : _____
Athletic Director Date

Approved : _____
Principal Date

Approved : _____
Superintendent Date