



# Triway Local School District

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## ATHLETIC COMPLETION OF DUTY FORM

Submit this form when contracted Supplemental/Pupil Activity duties have been completed and payment is requested.

*I hereby certify that I have completed the below-listed, contracted Supplemental/Pupil Activity duty and am entitled to full remuneration as per the Master Agreement, Article 26.*

\_\_\_\_\_  
*Supplemental/Pupil Activity Contract*

\_\_\_\_\_  
*Supplemental/Pupil Activity Contract Holder's Printed Name*

\_\_\_\_\_  
*Social Security #*

\_\_\_\_\_  
*Supplemental/Pupil Activity Contract Holder's Signature*

\_\_\_\_\_  
*Date*

If you are not a regular, contracted employee of Triway Local Schools you will be granted 90 days or 180 hours of service/work for retirement purposes.

The pay schedule for contracted Supplemental/Pupil Activity duties is as follows:

Fall sports paid by December 30 - Winter sports paid by March 30 - Spring sports paid by June 30

\_\_\_\_\_  
*Athletic Director's Signature*

\_\_\_\_\_  
*Principal's Signature*

*For business office use only:*

Date received in Treasurer's Office: \_\_\_\_\_ Date payment processed: \_\_\_\_\_