



CORRY AREA SCHOOL DISTRICT

540 East Pleasant Street, Corry, PA 16407-2246
(814) 664-4677 • Fax (814) 664-9645
<http://www.corrysd.net>

SUPPLEMENTAL REIMBURSEMENT FORM

Please be advised that I have completed my **SUPPLEMENTAL** assignment as the:

Supplemental Position (PRINTED)

I understand that payment for this supplemental position will be made upon completion of the program.**

Signature of Employee

Date

Name of Employee (PRINTED)

APPROVED BY:

Signature of Building Principal/Supervisor

Date

Signature of Business Manager

Date

****If you are *NOT* a regular CASD employee, you MUST return District issued keys, ID badge and this form BEFORE BEING PAID.**