South Kitsap School District
Human Resources
2689 Hoover Ave SE
(360-874-7079 / FAX: (360) 874-7076

FORM 375

ADDITIONAL TIME VERIFICATION RECORD
Supplemental Contract - Monthly Payment Stipends

Instructions: The purpose of this record, in accordance with the record requirements of the State of Washington as set out by the Auditor's Office, is to provide verification of the additional hours performed as documented on this additional time verification record. Some employees are issued a supplemental contract that is time driven and payment is made pursuant to the Collective Bargaining Agreement in equal monthly installments over the course of the school year.

Each employee holding such a contract (i.e., additional time for counselors, deans, librarians and vocational teachers) shall complete this form at the end of each fiscal year (July 31st annually), or earlier if the services are completed. The form is to be submitted directly to Human Resources. Please note: Failure to complete this form may result in deduction of pay for the contract amount.

Employee's Name: _____ Position: _____
(i.e. Counselor, Dean, Librarian etc.)

Location: _____

Complete the following log to document completion of authorized additional time:

Date Worked	Hours Worked	Date Worked	Hours Worked

Total Hours worked for the fiscal year (August - July): _____

The undersigned hereby testifies that this record is accurate, and that the employee performed the services noted herein

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Upon completion of this form, employee and supervisor have signature, please submit to **Human Resources**

03/19/2021