Scott County Board of Education
P.O. Box 37
208 Court Street
Huntsville, Tn 37756

Bill Hall
Director of Schools

Phone: (423) 663-2159
Fax : (423) 663-9682

Supplement Request

Name**:** _____ SS # _____

I am requesting a supplement for the following activity:

_____ _____
(Activity/ Sport) *(Position for which you are requesting supplement)*

At _____ School.
(Name of School)

Are you splitting this supplement with someone else? Yes or No

I am requesting my supplement be paid in one lump sum on _____
(Date)

in the amount of $_____.
(Supplement amount)

_____ _____
Signature (Person making request) *Date*

_____ _____
Signature of Principal *Date*

_____ _____
Signature of Director of Schools *Date*

Revised June 2011