

**Eastern Local School District  
Completion of Duties Form**

The following employee is hereby entitled to  ONE HALF or  FULL PAY as per his or her supplemental contract for the season/period of  in the performance of duty as .

Employee:

The following signatures are needed to certify that all duties and obligations for the above position have been met or completed before the treasurer's office may issue the employee's pay.

|                    |                     |                      |       |                      |
|--------------------|---------------------|----------------------|-------|----------------------|
| (for coaches only) | Head Coach:         | <input type="text"/> | Date: | <input type="text"/> |
| (for coaches only) | Athletic Director:  | <input type="text"/> | Date: | <input type="text"/> |
|                    | Building Principal: | <input type="text"/> | Date: | <input type="text"/> |
|                    | Superintendent:     | <input type="text"/> | Date: | <input type="text"/> |
|                    | Treasurer:          | <input type="text"/> | Date: | <input type="text"/> |