

**EAST ALLEN COUNTY SCHOOLS
EXTRA-CURRICULAR CONTRACTED SERVICES**

(PLEASE TYPE OR PRINT)

This agreement, entered into this _____ day of _____ 20_____,

Between the East Allen County Schools and _____ to

perform the following services:

_____ at _____
(Name of activity, Please include Head or Assistant) (Name of School)

Such services to be performed during the period:

Beginning _____ Ending _____

Payment for such services to be at the amount of \$ _____

Employee's Signature _____

Address _____

City _____ State _____ Zip _____

SS Number _____ Phone (_____) _____

Check if address has changed in the last 6 months.

TO BE COMPLETED BY PAYROLL

AMOUNT \$ _____

PAY DATE _____

AMOUNT \$ _____

PAY DATE _____

Building Administrator/ A.D Signature

Director of Human Resources

Copy: Employee, Building Administrator, Payroll

Pw _____ BG _____

Date received by Admin Building _____

