

MADISON COUNTY SCHOOLS

DISCONTINUATION OF SUPPLEMENTAL ASSIGNMENTS

PRINCIPAL _____ **DATE** _____

SCHOOL/WORK SITE _____ **SCHOOL YEAR** _____

The following employees on my staff will not be assigned the indicated supplemental duties (duties for which he/she receives a Board-approved supplement) for the next school year. This list includes employees assigned to another school but has supplemental duties at this school.

Do not include coaches' aides in this report. If more than one supplement is being discontinued, repeat the individual's name and list each assignment separately.

NAME	SUPPLEMENTAL ASSIGNMENT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Principal's Signature

Date

Submit to Personnel Office by April 15. Each employee will receive a letter from the Superintendent stating his/her release from the supplemental assignment and giving notification he/she will not be in that assignment for the next school year.