



SUPPLEMENTARY WORK POLICY

- This form must be completed, dated and signed by the member of staff requesting permission for supplementary employment.
- One form must be completed for each supplementary employment position held
- The form must then be submitted for signature by the School Principal or another member of the Senior Leadership Team.
- Once completed, this form will be held on the employee's staff file for future reference.

Staff Name :	.....
Address :	..... .....
Supplemental Job Title :	.....
Brief Description of Job Role :	.....
Hours of Work	.....
Print Name	.....
Signed :	.....
Date :	.....

For Management Use Only

Management Notes :	..... .....
Authority given :	.....
Signed :	.....
Date :	.....