

**Completion of Duty Form**  
**BUCKEYE LOCAL SCHOOL DISTRICT**

DATE \_\_\_\_\_

I, \_\_\_\_\_ have completed my additional duty activity

\_\_\_\_\_  
(Name of Duty)

as of \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security Number

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
(Athletic Director)

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
(Principal)

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
(Superintendent)

Amount Payable \$ \_\_\_\_\_