

CAREER TECHNICAL STUDENT ORGANIZATION SUPPLEMENT REQUEST

I am requesting that I be authorized to receive the Career Technical Student Organization Supplement for the career technical organization listed below for the 2004-2005 school year.

Family, Career, and Community Leaders of America (FCCLA)

1. I acknowledge that the chapter supplement is paid as compensation for duties that are performed outside the normal school day.
2. The supplement is to be paid at the end of the chapter activity year.
3. In order to receive the supplement, I must be an active chapter advisor as evidenced by completion of the required number of points/activities as stated on the supplement form checklist and approved by my principal and the Family and Consumer Sciences/Health Science Education Program Specialist.
4. I have been furnished a copy of the form for the:
 FCCLA Supplement Checklist

School Name (Print)

Advisor Name (Print)

Date

Signature of Principal

Return to:

Leann Bennett
FACS/HSE Program Specialist
Workforce Education Department
District Office, Route E

MUST BE RETURNED BY September 5, 2008