

SUPPLEMENTAL CONTRACT

For short-term projects, education or special events.

TRAINER _____

EVENT NAME _____ DATE _____ TIME _____

TYPE OF TRAINING (circle all that apply): Technical Hands On Technical Demo
Life Skills Communication Product Knowledge Other _____

EVENT PAY _____ In addition to Hourly ____ Flat Rate (Not paid hourly)

TOTAL HOURS APPROVED _____ MENTOR _____

EDUCATION EXPENSE

This class is (circle one) PAID UNPAID

List staff who attended	Hours Attended	List staff who attended	Hours Attended

Expenses	Amount
Total	

Scheduling or Booking Information (need block-outs, do the techs need to makeup hours, food, etc.):
