



**TENNESSEE DEPARTMENT OF AGRICULTURE
WATER RESOURCES PROGRAM
REPORT OF SALARY SUPPLEMENT
PAID UNDER THE ANNUAL OPERATIONAL GRANT**

GRANTEE: _____ **STATE FISCAL YEAR:** _____

NAME OF EMPLOYEE: _____
(print)

Jobs Performed:	
Average Weekly Hours Worked:	
Hourly Rate:	
Total Salary Supplement:	

I certify that this record is accurate to the best of my knowledge.

Employee Signature

Date

Reviewed and Acknowledged:

SCD Board Chairman

Date