



**TENNESSEE DEPARTMENT OF AGRICULTURE
 LAND and WATER STEWARDSHIP 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:

 SWCD Board Chairman

 Date