

REQUEST FOR EXTRA CURRICULAR PAY

POSITION HELD

PERCENT OF BASE (SEE NEGOTIATED AGREEMENT)

 %

PAY DUE

Start Date of Activity _____

End Date of Activity _____

Actual or Approximate hours worked _____

Employee Signature _____ Date _____

Superintendent Signature _____ Date _____

Coaches, please submit the End of Year checklist prior to submitting your request for pay.

Equipment request for next year.

Comments

Coach Signature _____ Date _____

Athletic Director Signature _____ Date _____