

REQUEST FOR EXTRA CURRICULAR PAY

POSITION HELD

PERCENT OF BASE (SEE NEGOTIATED AGREEMENT)

 %

PAY DUE

Start Date of Activity _____

End Date of Activity _____

Hours worked (from start of activity to date of request. Only include hours outside of your regular contracted school day.) _____

Employee Signature _____ Date _____

Superintendent Signature _____ Date _____

Equipment request for next year.

Comments

Coach Signature _____ Date _____

Athletic Director Signature _____ Date _____