Coaching Stipend Payroll Timesheet

Month/Year Completed:			School Site/Dept:				
Name OR Certificated	Classified		xxx-xx-	Social Security #	(last 4 digits)		
ocranicated	Olassinea						
Certificated staff use Yellow s	Blue.			Stipend	Amount		
Name of Sport	Coach Title / Position (Head or Assistant)	Gender Coached (Boys or Girls)	If splitting a Stipend, indicate the Name of the other Coach	Date Coach was Board Approved	Staff or Walk on Coach	Amount of Full Stipend to be Paid	Amount of 1/2 Stipend to be Paid
TOTALS							
Claiming a stipend not act	ually worke	d constitutes fra	nud.				
Date / Employee	Signature	Date / Administrator Signature					
Do Not Write in Space Below *** For Payroll Use Only ***							
	Extra Work Agreement	Not Cleared - Stipend Pending					

effective 01/01/2013