

EXTRA-CURRICULAR/DUTY FORM

Date: _____ Name: _____

Type of Compensation: (please circle which one applies)

Chaperone Scorekeeping Referee/Umpire IEP

Other _____

Please complete if being paid by an hourly rate.

Date	Start time	End time	Date	Start time	End time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Coaching/activity _____

****Payment for any coaching duties will be processed only after all uniforms/equipment have been returned.**

Signature: _____

Athletic Director Approval (if needed) _____

Administration Approval: _____

Office use:
Rate per hour: _____
Stipend amount _____
Total: _____