



## STIPEND PRE-AUTHORIZATION & REQUEST FOR PAYMENT

Name \_\_\_\_\_ Site \_\_\_\_\_ Date of Services: Beginning \_\_\_\_\_ End \_\_\_\_\_

### SERVICES PROVIDED:

(check box below and circle specific assignment)

- |   |  |                                   |                                      |                                |  |
|---|--|-----------------------------------|--------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Activities         | <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Band        | <input type="checkbox"/> Choir | paid at conclusion of semester.  |
| <input type="checkbox"/> Dept. Chair        | <input type="checkbox"/> Grade Level       | <input type="checkbox"/> Advisor  | <input type="checkbox"/> Coordinator |                                | paid at conclusion of semester/trimester.                                |
| <input type="checkbox"/> Coach              | <input type="checkbox"/> Assistant Coach   |                                   |                                      |                                | paid at conclusion of sport (Fall/Winter/Spring).                        |
| <input type="checkbox"/> Cell Phone         |  |                                   |                                      |                                | paid monthly   |
| <input type="checkbox"/> Designated Mileage |  |                                   |                                      |                                | paid monthly   |
| <input type="checkbox"/> Other _____        |  |                                   |                                      |                                | paid at conclusion of service/end of school year or monthly (circle one) |
| (must provide details below)                |  |                                   |                                      |                                |  |

Please provide details of the service:

Budget \_\_\_\_\_

Use appropriate stipend schedule (if applicable):

Amount \$ \_\_\_\_\_

Column: (check one)      A or B      % of Column \_\_\_\_\_

For coaches: (check one)      Head Coach or Asst. Coach

Step \_\_\_\_\_      Longevity \_\_\_\_\_

All employees are responsible for ensuring that their stipends are pre-approved for payment. For certificated, please note the following: CalSTRS (California State Teachers Retirement System) regulations mandate severe penalties for any late reporting of earnings.

For coaches only: I understand that **before I begin the assignment** I must complete a DOJ/FBI fingerprint clearance, and certification for CPR, first aid, TB Survey, Mandated Reporter, all NFHS required courses, and Armatus.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand the following: I authorize the above services to be provided and payment for services to be committed; The payment must be made within 31 days after the end of the pay period following the service completion date; If the stipend authorization and payment form is late, or incomplete, the site/department budget will be charged for the STRS penalties.

Site/Department Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### Coaches must have completed BEFORE the sport begins and BEFORE any contact with student athletes:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> TB Survey        | <input type="checkbox"/> DOJ/FBI Fingerprint Clearance | <input type="checkbox"/> CPR/First Aid Training |
| <input type="checkbox"/> NFHS Courses (4) | <input type="checkbox"/> Armatus                       | <input type="checkbox"/> Mandated Reporter      |

Director of Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY BUSINESS OFFICE ONLY: Account Code: \_\_\_\_\_

Payable date \_\_\_\_\_ (for one-time service)

Payable Monthly \_\_\_\_\_ (for full year service only) or

Payable as defined above for contract stipends.

Semester 1 – February 10

Fall Sport – December 10

Semester 2 – June 10

Winter Sport – March 10

Trimester – December 10, March 10, June 10

Spring Sport – June 10

Director of Fiscal Services \_\_\_\_\_ Date \_\_\_\_\_