

**SOUTH CENTRAL COMMUNITY UNIT SCHOOL
DISTRICT #401**

**SUPPLEMENTAL PAY
2023-2024 SCHOOL YEAR**

Date: _____

Employee Name: _____

Athletic / Academic
Coach Position: _____
(please note Head coach or Asst coach when applicable)

Stipend Amount: \$ _____

Stipends will be paid in 2 installments - 50% in December and 50% in May

Additional Information: _____

Employee Signature: _____

Principal Approval: _____

Superintendent Approval: _____

ONE STIPEND PER SHEET PLEASE