

Coaching Stipend Payroll Timesheet

Dept / School Site: _____

Month: _____

Name

XXX-XX-_____
Social Security # (last 4 digits)

Certificated

Classified

					Stipend Amount
Name of Sport	Head or Assistant	Boys or Girls	If splitting a Stipend, indicate the Name of the other Coach	Date Board Approved	Amount to be Paid

Claiming a stipend not actually worked constitutes fraud.

Employee Signature Date

Administrator / Athletic Director Signature Date

<i>Do Not Write in Space Below *** For Payroll Use Only ***</i>	
Payroll Date	EWA #