



Administrative Office  
 17000 Haynes Street  
 Lake Balboa, CA 91406  
 (818)758-5200  
 Fax. (818)342-5877

## SPORTS STIPEND REQUEST FORM

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Type of Stipend:  Head Coach       Assistant Coach       Trainer

**Fall Sport:**

Cross Country Girls       Football       Golf Girls  
 Cross Country Boys       Volleyball Girls       Water Polo Boys  
 Tennis Girls

**Winter Sport:**

Basketball Boys       Wrestling Boys       Soccer Boys  
 Basketball Girls       Wrestling Girls       Soccer Girls  
 Water Polo Girls

**Spring Sport:**

Baseball       Golf Boys       Lacrosse Boys  
 Softball       Tennis Boys       Lacrosse Girls  
 Track & Field Girls       Swim Girls       Volleyball Boys  
 Track & Field Boys       Swim Boys       Cheer

Athletic Season:       Fall       Winter       Spring  
 Season End Date:      11/30/2019      2/28/2020      5/31/2020

**Paid for Fiscal Year 2019-20:**

Amount of Stipend: \$ \_\_\_\_\_ Level: \_\_\_\_\_  Shared \_\_\_\_\_ % shared

**\*Stipends include duties as assigned for the full Fiscal Year and by completing this form the employee agrees to fulfill all the duties of assigned stipend**

Account Code: \_\_\_\_\_  
 (Payroll use only)

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

Director Approval: \_\_\_\_\_ Date \_\_\_\_\_

HR Director: \_\_\_\_\_ Date \_\_\_\_\_