



Pasadena Unified School District

Certificated Coach/Extra Pay Stipends Authorization for Payment

Employee Name:

Employee ID Number (EID):

School:

Personnel Requisition #:

Activity completion date:

Season/Semester:

Sport/Activity
Description:

Hours to be paid or stipend amount:

Employee Signature:

Date Signed:

My signature verifies that this employee did fulfill his/her coaching responsibilities and expectations. I hereby authorize the issuance and subsequent release of the additional compensation for the employee listed above.

Administrator Signature:

Date Signed:

To Be Completed by the Payroll Department

Position#:

Issue Date:

Hours:

Rate of Pay:

