PRINT FORM

P 6
Rev 1/2024

FCUSD EXTRACURRICULAR ASSIGNMENT PAYMENT REQUEST

PLEASE USE A SEPARATE FORM FOR EACH TEACHER/ADVISOR

FISCAL YEAR

School: _____ Employe: _____ ID#_____

Sport/Club/Assignment_____ Amount of Stipend $_____

Please check if: ☐ Club stipend is shared ☐ Longevity - Club/Athletic sponsorship service has been more than 3 years

Stipend is shared with:_____ Amount: _____

Choose One:

Elementary Student Council: ☐ Certificated 01-0000-0-1180-142 -1270-4100.000-000
(Date P 5 FORM was filed _____) ☐ Classified 01-0000-0-2980-142 -1270-4100.000-000

Secondary Coaching: ☐ Certificated 01-0385-0-1180-_____ -1320-4200.009-000
☐ Classified 01-0385-0-2980-_____ -1320-4200.009-000

Secondary Club: ☐ Certificated 01-0385-0-1180-_____ -1270-4100.009-000
☐ Classified 01-0385-0-2980-_____ -1270-4100.009-000

Secondary Music: ☐ Certificated 01-0009-0-1180-_____ -1475-4100.009-000

⇧ Please insert location code above

Paid by other source, such as Boosters or Measure H ☐ Certificated _____1180-_____
☐ Classified _____2980-_____

Principal Signature: _____ Date: _____

Program Manager Signature: _____ Date: _____