

**Schedule B Payment Request Form  
Non-Athletic**

I, \_\_\_\_\_ / \_\_\_\_\_  
Name of Employee Employee #

have been appointed for the \_\_\_\_\_ year as the  
\_\_\_\_\_ sponsor/position.

Please pay my Schedule B compensation in the following manner:

**Amount: \$** \_\_\_\_\_ . **(Check One)**

\_\_\_\_\_ Bi-Weekly (for balance of pays to 1<sup>st</sup> pay in June; Not available for  
5<sup>th</sup> grade camp payments)

\_\_\_\_\_ Lump Sum (1<sup>st</sup> pay in June/contract settlement check, Except 5<sup>th</sup>  
Grade Camp payments which are paid following camp)

\_\_\_\_\_ Two Pays – 2<sup>nd</sup> pay in October, 1<sup>st</sup> pay in February.

I understand and agree that this form must be returned to the payroll  
department by Friday noon, one week prior to payday.

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Bldg. Admin.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Office use only: HED #: \_\_\_\_\_