



EXTRA PAY REQUEST FOR ATHLETIC EVENTS

2024-2025 School Year

Supplemental payments to Employees for Services

Not to exceed \$500 dollars

Employee: _____

Date: _____

Event:

- | | |
|--|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Varsity |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Junior Varsity |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Freshman |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Soccer | |
| <input type="checkbox"/> Other _____ | |

Job Description:

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> FB Chains |
| <input type="checkbox"/> Gate Keeper | <input type="checkbox"/> FB Spotter |
| <input type="checkbox"/> Clock Keeper | <input type="checkbox"/> Press Box |
| <input type="checkbox"/> Book Keeper | <input type="checkbox"/> Pitch Counter |
| <input type="checkbox"/> Scoreboard | <input type="checkbox"/> Announcer |
| <input type="checkbox"/> VB Libero Tracker | |
| <input type="checkbox"/> Other _____ | |

Number of Games Worked:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 Game | <input type="checkbox"/> 3 Games |
| <input type="checkbox"/> 2 Games | <input type="checkbox"/> 4 Games |

Employee Signature: _____

Signature of Administrator in Charge: _____

For Office Personnel Only:

Amount: _____

Signature: _____