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	☐ Flag Football	☐ Cheer

Winter Sport:

☐ Basketball Boys	☐ Wrestling Boys	☐ Soccer Boys
☐ Basketball Girls	☐ Wrestling Girls	☐ Soccer Girls
☐ Water Polo Girls	☐ Cheer	

Spring Sport:

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

Athletic Season:	☐ Fall	☐ Winter	☐ Spring
Payment Date:	11/30/2025	2/28/2026	5/31/2026

Paid for Fiscal Year 2025-2026:

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 Designee: _____ Date _____