



ATHLETIC COACH STIPEND REQUEST FORM

***Please type** the requested information, and forward to each office for signature. All spaces must be completed.*

COACH'S NAME: _____

SCHOOL: _____ VIDE WORK POSITION: _____

(AFT) EMPLOYEE NUMBER: _____ (NONE AFT) VENDOR NUMBER _____

SPORT: _____ TITLE: Head Coach /Assistant Coach: _____
write only one

LEVEL: Varsity/Jr. Varsity/ Elementary: _____ GENDER: Boys, Girls, Co-ed: _____
write only one write only one

STIPEND AMOUNT: \$ _____

DATE LEAGUE BEGAN: _____ DATE LEAGUE ENDED: _____

TOTAL AMOUNT OF PRACTICE HOURS: _____ GAMES PLAYED: _____ TOURNAMENTS PLAYED _____

MAILING ADDRESS (HOME): _____

E-MAIL ADDRESS: _____ TELEPHONE: _____

 Coach's Signature

 Date

APPROVED/DISAPPROVED
 Circle One

 Department Chairperson's Signature *(If Applicable)*

 Date

APPROVED/DISAPPROVED
 Circle One

 Principal's Signature

 Date

APPROVED/DISAPPROVED
 Circle One

 Superintendent's Signature

 Date

APPROVED/DISAPPROVED
 Circle One

 Director of Sports and Athletics Signature

 Date

APPROVED/DISAPPROVED
 Circle One

 Deputy Commissioner's Signature

 Date

Submit a copy of your signed Stipend Request, Team Roster, League Schedule, and Tournament Schedule(S)

Thank you for your service!