



REQUEST FOR ADDITIONAL ATHLETIC STIPEND MIDDLE SCHOOL & HIGH SCHOOL

Eligibility Criteria:

- Complete form in its entirety. **Form must be typed. *Incomplete forms will not be processed.***
- Roster must be submitted with this application.

Employee Name: _____ Job Title: _____

School Site: _____ Sport: _____

Please provide an explanation in the box below describing why an additional stipend is necessary.

AD's Signature: _____ Date: _____

Principal, provide justification for the request then submit once completed.

Principal's Signature: _____ Director of Athletics Signature: _____

EXECUTIVE CABINET APPROVALS:

Assistant Superintendent: _____ Date: _____

Cabinet Date: _____ Approved: _____ Denied: _____

Comments: _____