

NEBO SCHOOL DISTRICT 2017-2018 JUNIOR HIGH SCHOOL EXTRACURRICULAR STIPEND PAYMENT REQUEST

School:			School Athlet	tic Director:					Date reques	st completed:			
Sport / Activity:								Date request due to Payroll Department: 8/28/2017					
Season start date:		Season end date:	D'strict funding available for Sport / Activity per Policy GF:										
Coaches / Advisors to be p	aid:			-1 E	OV		District-	School-	Total Due to Coach /	Payment	Cleared to	Approved	
	Emplo		Λ Λ	DLL		Maximum	St. pend	Funded	Advisor	Option	Work by	for Student	
Name	Numb	er	Position	Lane	Step	£ti _k er. d	(1)	Stipend	(2)	Selected	HR?	Contact?	
				N/A	N/A	\$ -	\$ -		\$ -		Yes Yes	☐ Yes	
				N/A	N/A N/A	-C° C	131-	-	-		☐ Yes	□ Yes	
				N/A	N/A	FHIU	10	-	-		Yes	☐ Yes	
			1 - 250	N/A	1 //A) \ ' : 	_	_	_		☐ Yes	☐ Yes	
		0	180-	AV1	N/A	-	-	-	-		Yes	☐ Yes	
	•	T	··me	UC,	Totals	\$ -	\$ -	\$ -	\$ -				
Amount due from school:			Notes:					Payment options:					
School-funded stipends from above \$ -			(1) To all of District-Funded Stipends may not exceed amount shown in					Option 1 100% at the conclusion of season.					
Benefits		- (3)	Policy GF.					-		y point of the se			
Amount due from school	\$		(2) Total Due to Coach / A(3) Benefits for District-Fu	•		•		Option 3	Spread equally	over months r	emaining in fis	cal year.	
Data checks:			School-Funded Stipends are paid by the school. School-paid benefits are Option 1 is default unless Option 2 or 3 is specifically requeste								requested.		
Total Amount Due is equal to or less than			calculated at 32% of school-funded stipends for those eligible for										
Maximum Stipend amount for all coaches/advisors			retirement benefits and 8% for all others.										
listed?			(4) All coaches / advisors must have hiring paperwork, background check,						= Entry field				
			and safety / CPR certifications completed prior to coaching or advising					BLUE text = Formula, do not alter					
District-Funded Stipends are equal to or less than			and receiving payment.					RED text = Error indication, correct before submitting					
amount available per Policy GF?								BLACK text = Do not alter					
I have reviewed this payment request and assume responsibility for its accuracy. I certify that to the best of my knowledge, Nebo School District hiring and employment policies have been strictly adhered to for expenditures related to this payment request. I further certify that the individuals shown above are rightfully entitled to the requested funds and have performed all duties required to receive the requested funds.													
Athletic Director signature			Date signed										
School Principal signature			Date signed	igned Business Administrator signature					Date signed				
Coordinator of Saha-1 Sam	viana algunatura		Data signed		Supprints	lant aignat				Data signs d			
Coordinator of School Services signature			Date signed	Superintendent signature			Date signed						