



NEBO SCHOOL DISTRICT 2016-2017 JUNIOR HIGH SCHOOL EXTRACURRICULAR STIPEND PAYMENT REQUEST

School: _____	School Athletic Director: _____	Date request completed: _____
Sport / Activity: _____	Date request due to Payroll Department: 4/10/2017	
Season start date: _____	Season end date: _____	District funding available for Sport / Activity per Policy GF: \$ _____ -

Coaches / Advisors to be paid:

Name	Employee Number	Position	Lane	Step	Maximum Stipend	District-Funded Stipend (1)	School-Funded Stipend	Total Due to Coach / Advisor (2)	Payment Option Selected	Cleared to Work by HR?	Approved for Student Contact?
			N/A	N/A	\$ -	\$ -	\$ -	\$ -		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			N/A	N/A	-	-	-	-		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			N/A	N/A	-	-	-	-		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			N/A	N/A	-	-	-	-		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			N/A	N/A	-	-	-	-		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
			N/A	N/A	-	-	-	-		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Totals					\$ -	\$ -	\$ -	\$ -			

Amount due from school:

School-funded stipends from above Benefits	\$ -
Amount due from school	\$ -

(3)

Notes:

(1) Total of District-Funded Stipends may not exceed amount shown in Policy GF.

(2) Total Due to Coach / Advisor may not exceed Maximum Stipend amount.

(3) Benefits for District-Funded Stipends are paid by the District. Benefits for School-Funded Stipends are paid by the school. School-paid benefits are calculated at 32% of school-funded stipends for those eligible for retirement benefits and 8% for all others.

(4) All coaches / advisors must have hiring paperwork, background check, and safety / CPR certifications completed prior to coaching or advising and receiving payment.

Payment options:

Option 1 100% at the conclusion of season.
 Option 2 50% at midway point of the season, 50% at conclusion.
 Option 3 Spread equally over months remaining in fiscal year.

Option 1 is default unless Option 2 or 3 is specifically requested.

Data checks:

Total Amount Due is equal to or less than Maximum Stipend amount for all coaches/advisors listed?

District-Funded Stipends are equal to or less than amount available per Policy GF?

Legend:

_____ = Entry field
 BLUE text = Formula, do not alter
 RED text = Error indication, correct before submitting
 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	Business Administrator signature	Date signed
School Principal signature	Date signed	Superintendent signature	Date signed
Coordinator of School Services signature	Date signed		