



Co-Curricular Pay

Employee Name: _____ Employee ID: _____ Current Date: _____

School: _____ Co-Curricular Position/Activity: _____

Starting Date: _____ Ending Date: _____ Account Number: _____

Total Payment (Refer to Collective Bargaining Agreement): Year: _____ Pay: _____

Approved by S.I.T.? Yes _____ No _____

Pay Schedule:

_____ a. **21-Pay Schedule** 1st Pay Date: _____

(First payday in September through first payday in June)

_____ b. **Season/Activity Pay Spread** 1st Pay Date: _____

(e.g., fall activity September through November, commencing after filing)

_____ c. **Lump Sum** Pay Date: _____

(At end of season or completion of activity based on normal pay cycle after filing)

Description of position:

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Human Resources Approval: _____ Date: _____

Director of Elementary/Middle Years & Academies/HS Approval:

_____ Date: _____

Compliance Approval: _____ Date: _____

Finance Approval: _____ Date: _____