



MEMORANDUM

_____ Date

TO: Mr. Steffond L. Cone, Assistant Superintendent
School Operations

FROM: _____, Principal
_____ Senior High School

SUBJECT: PAYMENT REQUEST FOR PART-TIME ASSISTANT COACH
FOR THE _____ - _____ SCHOOL YEAR

The part-time assistant coach listed below has completed services for the season. Please check the Personnel Reporting System (PERS) to verify employee has an active employee number. Complete and return this form to: Mail Code #9723, Room 325, Attention: Part-Time Assistant Coach Payment Request.

PLEASE NOTE: COACHES WITH AN INACTIVE EMPLOYEE NUMBER WILL NOT BE PROCESSED FOR PAYMENT.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Employee Name</i>	<i>Employee Number</i>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		
<i>Location No.</i>				<i>Location Name</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		_____
<i>Supplement Code</i>				<i>Supplement Code Title</i>		<i>Amount</i>
EMPLOYEE STATUS:						
<small>(Check one only)</small>						
<input type="checkbox"/> Part-Time Hourly Employee		<input type="checkbox"/> Emergency Temporary Instructor		<input type="checkbox"/> Pool Temporary Instructor		
<input type="checkbox"/> Part-Time Assistant Coach						
First Practice Date of Season: _____				Last Date of District Tournament Competition: _____		
_____				_____		
PRINCIPAL'S SIGNATURE				DATE		

FOR WAGE AND SALARY ADMINISTRATION – DO NOT WRITE BELOW THIS LINE

Work Loc.	Pay Code	Amount	Charge Loc.	Object	Function	Program
				5144	5103	6030

Mr. Christopher deOgburn
Compensation Administration

Date

Mr. Steffond L. Cone
Assistant Superintendent
School Operations

Date