

**COACHING/EXTRA-CURRICULAR PAYMENT REQUEST**  
**WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT**

**CLAIMANT:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_  
(Please Print)

This is to be completed by the employee, approved by the Supervisor or Administrator, and submitted to Payroll Clerk by the **LAST WORKING DAY OF THE MONTH.**

\_\_\_\_\_

**IF COACHING, PLEASE INDICATE THE FOLLOWING:**

**SPORT:** \_\_\_\_\_

**VARSITY / JV / FROSH:** \_\_\_\_\_

**BOYS / GIRLS:** \_\_\_\_\_

**PAYMENT AMOUNT: \$** \_\_\_\_\_

**IF EXTRA-CURRICULAR, PLEASE INDICATE ACTIVITY:**  
(Ex: Music, Drama, Yearbook, Newspaper, Pep Squad, Speech, Special Coord.)

**ACTIVITY:** \_\_\_\_\_

**PAYMENT AMOUNT: \$** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature                          Date                          Supervisor/Administrator Signature          Date

\_\_\_\_\_  
Social Security Number                          Budget Manager/Athletic Director          Date

**BUDGET CODE:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fund      Resource      Yr      Goal      Function      Object      School      Mngt