



DISTRICT OF COLUMBIA  
PUBLIC SCHOOLS

NON-DC PUBLIC SCHOOL EMPLOYEES ONLY

**Athletic Form A**

DISTRICT OF COLUMBIA PUBLIC SCHOOLS  
Request for Employment of Athletic Coaches/Workers

Date: \_\_\_\_\_ School Year: \_\_\_\_\_

School Name: \_\_\_\_\_

AD Name: \_\_\_\_\_ Position: \_\_\_\_\_

NON-DCPS Athletic Workers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ or SSN: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Officer/Athletics Office

Approved

Denied

For Athletic Office Use Only

**Extra Duty Pay**

**Records of Payment**

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Athletic Worker:

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

Total Expended: \_\_\_\_\_