

DISTRICT OF COLUMBIA PUBLIC SCHOOLS PAYROLL REGISTER FOR ATHLETIC COACHES/WORKERS DCPS EMPLOYEES ONLY

From:	School Year:		
(School Name)			
Check: 🖌 Coaches	Season: OFall	O Winter	
TO: OCFO-PAYROLL	School Code:		

Please Type and Submit With Extra Duty Assignment Authorization

DCPS Employee I.D. Number (DO NOT ENTER SSN #)	Last Name	First Name	Activity Name	Amount Due

I certify that this Payroll Register reflects a true and accurate account of hours worked, or days worked, or amount to be paid.

Form Completed By (Athletic Director Only):

Approved By Principal/AP:

Principal Name (Print)

Name, Title (Print)

Signature

Date

Signature

Date

** This form must be submitted with all DCPS Extra Duty Pay Requests **



DISTRICT OF COLUMBIA PUBLIC SCHOOLS EXTRA DUTY ASSIGNMENT AUTHORIZATION

l,			, agree to o	conduct	
	(Name)				
	(Name of A			at (Name	of School)
	(Name of A	ACTIVITY)		(Marrie	
during the peri	od		to		
	(Stari	ting Date)		(Endin	g Date)
to be paid in	accordance	with the Extra	a Duty Pay	Distribution	Formula at the activity rate of
\$	per fu	Ill participation i	n the activi	ty. Where the	activity is conducted for less than
the full activity	v period, the a	amount of comp	ensation w	ill be reduced	accordingly on a prorated basis. I
further agree t	hat the above	e activity will be	conducted	beyond and ir	addition to my regularly assigned
classroom teac	hing schedule	e; and that the al	oove activit	y will be condu	ucted for
hours per day,		_ days per week	,	hours p	er week.
department m below, you ack via fingerprint mandatory me	andatory mee knowledge that screen condu tetings, and co	etings and traini at you fully unde icted by the DCP omplete training	ngs, you ar erstand tha 'S Office of	e ineligible for t you are requ School Securit	coaching ID, and/or complete payment for work. By signing ired to clear a background check ty, receive a coaching ID, attend
I understand t	his requireme	nt.			(Please initial)
					(
	Signature of	Coach		-	Date
Employee I	. D. Number /	Social Security I	Number		
C	oaches's Hom	e Address			Cell or Home Phone
City	Stat		Zip Code		

Receipt Acknowledgement for Athletic Extra Duty and Stipend Pay Rules and Procedures

By signing below, I acknowledge that I have received a copy of the Athletic Extra Duty Pay Procedures guide for the current <u>school year</u>. I further acknowledge that I have been informed, I have read **and** that I understand the policy guidelines described in the Athletic Extra Duty and Stipend Pay Procedures guide.

Date Received:	
Name of School:	
Recipients Name:	(Print)
Recipients Name:	

Submit this form

- 1. Coaches <u>give a copy of this form</u> to your school-based Athletic Director
- 2 Athletic Coordinators/Director's send this form to DCIAA and keep a copy for your records
- 3. DCIAA Workers give a copy of this form to your DCIAA point of contact

Extra Duty & Stipend Payment Status Inquiries





PAYMENT STATUS INQUIRIES

To follow up on the status of your extra duty/stipend payment please use the list below contact the appropriate person:

Type of payment	1 st Point of Contact	2 nd Point of Contact	Contact Number
Extra Duty Pay (DCPS coaches only)		Payroll	202-442-5300
 Stipend Payments (Non-DCPS coaches only) Coaches are paid as vendors Vendor payments are processed <u>30 days</u> from the date the technician <u>receives</u> your stipend paperwork. <u>You must wait at least 2 weeks</u> from the date your AD tells you that your paperwork was submitted to the Central Office/OCFO before contacting Accounts Payable. DO NOT CALL BEFORE THEN. 	Contact AD to confirm when paperwork was submitted to Central Office	Accounts Payable	See list below

ACCOUNTS PAYABLE - FOR ALL NON-DCPS COACHES/WORKERS

DCPS ACCOUNTS PAYABLE TECHNICIAN ASSIGNMENT LETTERS

AP Technician	DCPS – First Letter of Vendor Name	Telephone Number	E-mail Address
Eva Guzman	D, I, J, N, O, U, Y	442-5291	<u>Eva.Guzman@dc.gov</u>
Leketa White	A, C, Z	442-5241	Leketa.White@dc.gov
Melbern McCoy	G, L, S	442-5263	Melbern.Mccoy@dc.gov
Stacey Langley	E, F, T, W, X	442-5135	Stacey.Langley@dc.gov
Tewsday Porter	H, K, P, Q, R	442-5212	Tewsday.Porter@dc.gov
Tina McClary	B, M, V	442-5275	Tina.Mcclary@dc.gov

This information is subject to change without notice

REMEMBER

<u>You must wait AT LEAST 2 WEEKS</u> from the date your AD tells you that your paperwork was submitted to the Central Office/OCFO <u>before</u> <u>contacting Accounts Payable</u>.

DO NOT CALL BEFORE THEN!

You will be instructed to contact your ATHLETIC DIRECTOR!