



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

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

From: _____ School Year: _____
(School Name)

Check: _____ Coaches Season: Fall Winter Spring

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:

Name, Title (Print)

Principal Name (Print)

Signature

Signature

Date

Date

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