

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 **school year**. 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 – give a copy of this form 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**