

DIFS _____

Inv # _____



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

NON-DC PUBLIC SCHOOL EMPLOYEES ONLY

Athletic Form B

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

**Accounts Payable
Request for Payment**

School Year: _____

Date: _____ From: _____ To: _____

School Name

Name of Athletic Coach/Worker: _____

Address: _____

Home Phone: _____ Office Phone: _____ SSN: _____

Activity Code: _____

Total Contract Amount: _____ Amount of Payment: _____

Principal/ Designee's Signature: _____

Title: _____

Date: _____

AUTHORIZATION

Print Name

Signature

Title: _____

Date: _____

PRINCIPAL APPROVAL

I certify that the Athletic Coach/Worker has satisfactorily performed the contracted services rendered.

Print Name

Signature

Date: _____

Extra Duty Assignment Authorization must be attached



**DISTRICT OF COLUMBIA PUBLIC SCHOOLS
EXTRA DUTY ASSIGNMENT AUTHORIZATION**

I, _____, agree to conduct
(Name)

_____ at _____
(Name of Activity) (Name of School)

during the period _____ to _____
(Starting Date) (Ending Date)

to be paid in accordance with the Extra Duty Pay Distribution Formula at the activity rate of \$_____ per full participation in the activity. Where the activity is conducted for less than the full activity period, the amount of compensation will be reduced accordingly on a prorated basis. I further agree that the above activity will be conducted beyond and in addition to my regularly assigned classroom teaching schedule; and that the above activity will be conducted for _____ hours per day, _____ days per week, _____ hours per week.

If you fail to be fingerprinted, clear the background check, receive a coaching ID, and/or complete department mandatory meetings and trainings, you are ineligible for payment for work. By signing below, you acknowledge that you fully understand that you are required to clear a background check via fingerprint screen conducted by the DCPS Office of School Security, receive a coaching ID, attend mandatory meetings, and complete trainings at nfhslearn.com.

I understand this requirement.

(Please initial)

Signature of Coach

Date

Employee I. D. Number / Social Security Number

Coaches's Home Address

Cell or Home Phone

City State Zip Code



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: _____

Requested by: _____ Title: _____

Name of Athletic Coach/Worker: _____

Address: _____

Home Phone: _____ Office Phone: _____ EMPLID
or SSN: _____

Total Contract Amount \$ _____

Reviewed by: _____ Approved () Denied ()
Officer/Athletics Office

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: _____

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 **2021-22 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 Signature:

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***



ATHLETIC 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	Department	Contact Number
Extra Duty Pay (DCPS coaches only)	Payroll	202-442-5300

Type of payment		Department
Stipend Payments (Non-DCPS coaches only)		Accounts Payable
<ul style="list-style-type: none">If you have not created your supplier ID number in the DIFS system, they will not be able to assist you.If your DIFS supplier ID number is not on your stipend payment request Form B, they will not be able to assist you.Coaches are paid as suppliers/vendorsPayments are processed 30 – 45 days from the date the technician <u>receives your stipend paperwork</u>. <p><u>You must wait at least 1 week</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.</p>		
AP Technician	DCPS Workers First letter of worker's first name	Email Address
Eva Guzman	D, I, J, N, O, U, Y, S	Eva.Guzman@dc.gov
Glenda Wright	E, F, T, W, X, G	Glenda.Wright1@dc.gov
Leketa White	A, C, Z	Leketa.White@dc.gov
Tewsdays Porter	H, K, P, Q, R	Tewsdays.Porter@dc.gov
Tina McClary	B, M, V, L	Tina.McClary@dc.gov