

## **DISTRICT OF COLUMBIA PUBLIC SCHOOLS**

## PAYROLL REGISTER FOR ATHLETIC COACHES/WORKERS DCPS EMPLOYEES ONLY

From:		School Year	:		
	(School Name)				
Check: Coaches		Season:	Fall Win	nter OSpring	
TO: OCFO-PAYROLL		School Code:			
Please Type and Su	bmit With Extra Du	ity Assignment Author	ization	-	
DCPS Employee I.D. Number (DO NOT ENTER SSN #)	Last Name	First Name	Activity Name	Amount Due	
or amount to be pa	id.			orked, or days worked,	
Form Completed By (	Athletic Director (	Only): Apı	proved By Principal/	AP:	
Name, Title (Print)		Prir	Principal Name (Print)		
Signature		Sign	Signature		
Date Date					

<sup>\*\*</sup> This form <u>must be submitted</u> with <u>all DCPS</u> Extra Duty Pay Requests \*\*