4020999-400001-40085-7013022

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: 2026-2027

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

MICHAEL BRYANT, II _____
Print Name Signature

Title: Executive Director, Athletics

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

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***

DCIAA ATHLETICS

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

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

- 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/vendors
- Payments are processed ***30 – 45 days*** from the date the technician **receives your stipend paperwork**.

You must wait at least 1 week 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.**

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
Tewsday Porter	H, K, P, Q, R	Tewsday.Porter@dc.gov
Tina McClary	B, M, V, L	Tina.McClary@dc.gov