



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 \*\***



**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 [nfhslern.com](http://nfhslern.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

## Receipt Acknowledgement for Athletic Extra Duty and Stipend Pay Rules and Procedures

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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**