

School Year _____

SCOTT VALLEY UNIFIED SCHOOL DISTRICT Stipend Request

Name _____ School Site _____

Activity _____ # of Years Completed in this district _____ \$ _____ Amount Due _____

The signatures below certify that all responsibilities for the above named activity have been satisfactorily completed. It is the stipend recipient's responsibility to have this form signed and submitted to the District Office upon completion of the activity. Stipend requests received by the first work day of the month will be paid on the last work day of the month.

Athletic Coaches:

- Evaluation attached
- Current First Aid card on file at school site
- Current CPR card on file at school site
- High school coach CIF certification

Comments:

Stipend Recipient Signature _____ Date _____

Authorized Supervisor or Administrator _____ Date _____

<i>District Office Use Only</i>								
RATE	UNITS	RTS	TYPE		ST-DED	RET BASE	AC-P-C	
			COA	STIP				
%	FD	RESC	Y	OBJECT	GOAL	FUNC	SITE	LOCAL

Goldenrod

- _____ Coach Certified
- _____ QSS Recorded