



# Pasadena Unified School District

## Classified Coaching Sheet

### Authorization for Payment

Employee Name:

\_\_\_\_\_

Employee ID Number (EID):

\_\_\_\_\_

School:

\_\_\_\_\_

Personnel Requisition #:

\_\_\_\_\_

Activity completion date:

\_\_\_\_\_

Season/Semester:

\_\_\_\_\_

Sport/Activity  
Description:

\_\_\_\_\_

Hours to be paid or stipend amount:

\_\_\_\_\_

Employee Signature:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

*My signature verifies that this employee did fulfill his/her coaching responsibilities and expectations. I hereby authorize the issuance and subsequent release of the coaching compensation for the employee listed above.*

Administrator Signature:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_

#### To Be Completed by the Payroll Department

**Position#:**

\_\_\_\_\_

**Issue Date:**

\_\_\_\_\_

**Hours:**

\_\_\_\_\_

**Rate of Pay:**

\_\_\_\_\_

\_\_\_\_\_

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