Fox Lake District 114 Flat Rate Stipend Payment Request

Please complete for <u>each</u> activity.

Please submit one week before payroll date.

<table>
<tr><td>Name:</td><td>Activity:</td></tr>
<tr><td colspan="2">Split Stipend: _____No _____Yes

If split, shared with: _____</td></tr>
<tr><td>Flat Rate Pay:</td><td rowspan="2">Payroll Date for Submission (select one):

_____ December 15

_____ May 15

_____ Other :_____</td></tr>
<tr><td>50% of Total Pay:</td></tr>
<tr><td colspan="2">Date of Final Event/Game/Competition:_____</td></tr>
</table>

Staff Signature	
Building Administrator Signature	
Superintendent Signature	