



# WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040

Telephone: (509) 258.4535

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## Extra Duty – Extra Pay Estimate - Final (Please circle the most appropriate)

**Instructions:** Complete estimate at beginning of activity. Revise as needed and keep records. Complete final records at conclusion of activity: This form must be accompanied by a calendar of all practices, performance schedule, and name of participants.

- A. Each outside of school hours practice or session, more than one (1) hour in duration with a student activity: \_\_\_\_\_ X 2 = \_\_\_\_\_  
(Calendar must be attached)
  - B. Each scheduled public performance outside normal school hours: \_\_\_\_\_ X 3 = \_\_\_\_\_
  - C. Each overnight with a student activity group approved by the Principal: \_\_\_\_\_ X 7 = \_\_\_\_\_
  - D. Head Coach or Lead Sponsor: \_\_\_\_\_ X 5 = \_\_\_\_\_
  - E. Number of students in this activity: \_\_\_\_\_ X 1 = \_\_\_\_\_
  - F. Number of previous years experience sponsoring this same activity: \_\_\_\_\_ X 5 = \_\_\_\_\_
  - G. Total Points \_\_\_\_\_
  - H. Bonus Amount \$ \_\_\_\_\_ X 1 = \_\_\_\_\_  
((\$100.00 - \$500.00))
- TOTAL:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE:

**Fund** \_\_\_\_\_ **Function** \_\_\_\_\_ **Object** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

Athletic Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only required for coaches' pay)

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

(THIS FORM MUST BE COMPLETED PRIOR TO THE START OF ANY PRACTICE OR SESSION: FAILURE TO FILL OUT THIS FORM INDICATES NO AGREEMENT HAS BEEN MADE FOR COMPENSATION.)