



**CERTIFICATION FOR PAYMENT
SUPPLEMENTAL SALARY**

- I certify that I have completed service as the _____
(SPORT/ACTIVITY and ASSIGNMENT)
- School Year service has been completed _____
- I am requesting FULL/HALF payment at this time. _____
(FULL/HALF)
- I am entitled to the payment of \$ _____ under the terms
and conditions of the Frazier School District Collective Bargaining
Agreement currently in effect and school district policy.

COACH/SPONSOR PRINTED NAME: _____ **DATE:** _____

COACH/SPONSOR SIGNATURE: _____ **DATE:** _____

ATHLETIC DIRECTOR SIGNATURE: _____ **DATE:** _____

BUILDING PRINCIPAL SIGNATURE: _____ **DATE:** _____

SUPERINTENDENT SIGNATURE: _____ **DATE:** _____