

WATERVLIET CITY SCHOOL DISTRICT  
1245 HILLSIDE DRIVE  
WATERVLIET NY 12189

REQUEST FOR PAYMENT OF COACHING

I HAVE COMPLETED ALL MY DUTIES AND SERVICES REQUIRED BY MY ASSIGNMENT AS:

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NAME OF SPORT COACHED

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SIGNATURE AND DATE

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APPROVED BY: DIRECTOR OF ATHLETICS

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APPROVED BY: PRINCIPAL

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BUSINESS OFFICE USE ONLY

A2855150000000

AMOUNT \$

PAYOLL DATE: