REDFORD UNION SCHOOLS

EXTRA-CURRICULAR ACTIVITIES

SCHEDULE B or C



NAME______

PAYROLL DATE_____

SCHOOL_____

APPROVED BY_____

(Principal/Supervisor)

APPROVED BY_____

(Executive Director of Human Resources)

CHECK LIST

_____ALL SCHOOL EQUIPMENT ISSUED TO STUDENTS, COLLECTED

____ALL EQUIPMENT INVENTORIED

_____DAMAGED AND/OR DIRTY EQUIPMENT SEPARATED AND BOXED

____OTHER EQUIPMENT RETURNED TO STORAGE

_____REQUISITIONED REPLACEMENT AND/OR ADDITIONAL EQUIPMENT

I HAVE PERFORMED ALL THE SERVICES STIPULATED TO THE BEST OF MY KNOWLEDGE.

ASSIGNMENT

SERVICE DATES: From_____to_____

ACTIVITY_____

PERCENTAGE_____(of BA Step 1) \$_____

COMPENSATION AMOUNT <u>\$_____</u>

CHARGE TO ACCOUNT #_____

(Signature)

**PAY FOR SCHEDULE B POSITIONS WILL BE RECEIVED AT THE CONCLUSION OF THE SPORTS SEASON COACHED.

**PAY FOR SCHEDULE C POSITIONS WILL BE RECEIVED AT THE END OF EACH SEMESTER IN WHICH THE ASSIGNMENT WAS COMPLETED.