

East Dubuque Unit School District #119

Extracurricular Voucher



Name _____

Activity _____

Completion Date _____

Base Amount of Stipend \$ _____

of Consecutive years in Activity _____

Percent Multiplier for longevity pay _____

% Multiplier X Base Pay \$ _____

Total Stipend Earned \$ _____

Directions:

1. Complete the stipend information at the right.
2. Initial beside each task when completed and submit to the building principal for confirmation prior to payment of stipend.

_____ Head Athletic Coach

_____ Assistant Coach Evaluations

_____ Uniforms Turned In

_____ Inventory List

_____ Awards List

_____ Online Awards

_____ Season Summary

_____ Kay(s)/Proxy Card Returned

_____ iPad/Tripod

_____ Music Room Key

_____ Requisitions & Deposits Submitted

_____ Storage Areas Organized

_____ IHSA Sport & Activity Tracker

_____ Won-Lost Record Updated

_____ JV/JH/Assistant Coaches

_____ Key(s)/Proxy Card

_____ Drama Directors

_____ Attach Rehearsal Calendars

_____ Keys Returned to Office

_____ Requisitions & Deposits Submitted

_____ Props, Costumes, Etc. Organized

_____ Stage Cleaned

_____ Scholastic Bowl

_____ Lock-out Machines in Working Order

_____ Lock-out Machines Stored Away

_____ Yearbook Advisor

_____ Submitted for Print

_____ Requisitions & Deposits Submitted

_____ Elem Vocal or Pep Band

_____ Attach List of Performance Dates

_____ JH or HS Student Council

_____ Attach Copies of Minutes from Meetings

_____ Senior Class Advisor

_____ Requisitions & Deposits Submitted

_____ Attach Copies of Minutes from Meetings

_____ Moving \$300 to Incoming Freshman Class

_____ Account Closed Out

_____ Junior Class Advisor

_____ Concessions Area Cleaned

_____ Requisitions & Deposits Submitted

_____ Attach Copies of Minutes from Meetings

_____ Sophomore Class Advisor

_____ Concessions Area Cleaned

_____ Requisitions & Deposits Submitted

_____ Attach Copies of Minutes from Meetings

_____ Freshmen Class Advisor

_____ Requisitions & Deposits Submitted

_____ Attach Copies of Minutes from Meetings

Coch/Advisor: _____ Date: _____ Principal: _____ Date: _____ Superintendent: _____ Date: _____