

Newbury Park High School Booster Club Authorization for Payment & Coaching Agreement

Booster Club Name

Coach/Specialist Full Name

Assignment/Activity

Street Address

Telephone Number

City, State, Zip code

E-mail Address

Assignment Dates: _____ to _____ (Last day must be before last day of school year)

Days per week: _____ Average Number of Hours / Day: _____

Description/Scope of Work: _____

PAYMENT AGREEMENT:

(a) Compensation for services:

**Enter the approved stipend amount here.*

Coach Initial:

(a) \$ _____

(b) Additional amount authorized to cover benefits (optional):

**If not covering benefits, enter "0". If authorizing an amount to cover benefits, use the guide below to estimate how much benefits will be for this coach and enter that amount here.*

(b) \$ _____

Guidelines for calculating benefits amount (estimates - the amount withheld by CVUSD for benefits will vary for each individual):

- Coaches who are active teachers – 20% of stipend amount
- Coaches who are retired teachers – 3.25% of stipend amount
- Coaches who work for CVUSD in their "day" job (Classified) – 27.5% of stipend amount
- All other coaches – 7.0% of stipend amount

(c) Total amount boosters agree to reimburse CVUSD for this individual for this assignment:

(c) \$ _____

**Add (a) + (b) to get the total amount authorized for reimbursement and enter here. Benefits will be deducted from this amount.*

PAYMENT SCHEDULE:

- Stipend paid in full at conclusion of Assignment.
- Stipend paid in monthly installments over _____ months divided equally.

**I understand that when rendering service in this position, compensated by a STIPEND, the stipend amount may be prorated for missed days of service, not meeting listed days per week and/or average number of hours per day/week for reasons not qualifying under the Healthy Workplace Healthy Family*

Coach Initial:

Act of 2014 (AB 1522). Stipend proration is at the discretion of the hiring administrator. Additionally, I understand that my compensation for services is based on the Gross amount listed above (a) and taxes will be taken out of that amount based on my individual withholdings. I understand that the total amount listed under (b) and (c) is for Booster Club use only and is an estimate of additional CVUSD costs to Booster Clubs.

Signature

Coach/Specialist Name

Date

**By signing below, Booster Club is committing to repay CVUSD the amounts shown. Be sure to record a vote of approval by your Executive Board/Committee in your minutes.*

Signature

Booster President Name

Date

Signature

Booster Treasurer Name

Date

Signature

Assistant Principal Name

Date