

Pointer Association Walk-On/Supplemental Coach

Booster Payment Agreement (BPA)

*This form must be signed and on file with the PLHSPA Athletic Booster Director and PLHS Administrative Assistant at PLHS **prior to request for payment.***

School Year: _____

Sport: _____ Men's: _____ Women's: _____

Coach Name: _____

SS #: _____ Phone: _____

Address: _____

City, State, Zip: _____

Agreed amount of pay (gross) for the season: Units = _____ \$ _____
Head Coach or Athletic Director Initial here: _____

- All Walk-On and Supplemental pay for Coaches will be paid through PLHS with a District check and shall not exceed SDUSD and CIF regulations. Taxes and Employer fees will be withheld as applicable.
- Boosters must submit a PLHS Pointer Association Check Request to the Athletic Booster Director with a signed copy of this form; money will then be transferred to PLHS to reimburse for the District paycheck.

BOOSTER FUND AUTHORIZATION:

_____ Boosters approve this expenditure from their Pointer Association Account.
\$ _____ exact amount – or – not to exceed
Signature of Booster President/Treasurer: _____

ADDITIONAL FUNDING TO COME FROM:

\$ _____ from PLHS Athletics Budget
Signature of Athletic Director: _____

Signature of Head Coach: _____

\$ _____ PLHS ASB Account
Name of ASB Fund: _____

<input type="checkbox"/> Proof of District PAR on file
<input type="checkbox"/> Fingerprinted <input type="checkbox"/> TB Test Date: _____ Signature
PLHS Admin. Assistant: _____