

FORT EDWARD UNION FREE SCHOOL DISTRICT
220 BROADWAY
FORT EDWARD, NEW YORK 12828
(518) 747-4594

TO: **Athletic Director**

FROM: _____

DATE: _____

I have completed my duties as _____

FOR: Half Season _____

 Full Season _____

At a salary of \$ _____ per season at Step _____

I hear by request payment in the amount of \$ _____, in my next
paycheck.

(Signature)

(Approved- Athletic Director)

<p><u>Office Use Only</u></p> <p><input type="checkbox"/> Keys Returned</p> <p><input type="checkbox"/> Uniforms Returned</p>
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