

**Chandler Unified School District**

CUSD Sports Camps and Clinics  
[www.CUSDcommunity.com](http://www.CUSDcommunity.com)



480-224-3900

*\*Handwritten forms will NOT be accepted*

Camp/Clinic Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Requested Site 1: \_\_\_\_\_ Specific Area/Room 1: \_\_\_\_\_

Requested Site 2: \_\_\_\_\_ Specific Area/Room 2: \_\_\_\_\_

Varsity Field Superintendency Approval: \_\_\_\_\_ \*Attach the approval email from the Assoc. Superintendent for Support Services.

Date(s) of Camp/Clinic: \_\_\_\_\_ Total # Camp Days \_\_\_\_\_ Total # Camp Hours \_\_\_\_\_

Total # Students \_\_\_\_\_ Fee per Student \_\_\_\_\_ Total Fees \_\_\_\_\_

*Names and Employee ID #	Student Hours Per Day	x	# of Days	x	Rate of Pay	=	**Total Payment
Director							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							

*Names: (Must be Current CUSD Support/Hourly Staff)	Actual Hours Worked	x	# of Days	x	Hourly Rate @ OT	=	Pay
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							
<input type="checkbox"/> X if New Hire							

\*If employee is New Hire, a pay action MUST be sent to HR for pre-approval prior to start

Total Salaries (a) \_\_\_\_\_  
 Benefits Adjustment(20%) (b) \_\_\_\_\_  
 Total Payroll (c) \_\_\_\_\_

**\*Must be CUSD Employee and/or CUSD Coach (paid/approved volunteer)**  
**\*\*If income levels are not reached, potential stipend amounts may be affected**

**\*Potential staff members if enrollment figures are higher than projected. Must contact Community Education Prior to hiring**

Consultant _____ (Expert in the field who is an independent contractor)	Stipend Rate _____	=	Total _____
	(d)		
	(e)		

<b>Total Salaries</b> (Add lines a, b, c, d, e)	(Line 1)	
<b>10% Community Ed/Civic Fee</b>	(Line 2)	
<b>Materials/Supplies</b>	(Line 3)	
<b>Total Cost of Camp/Clinic</b> (Add lines 1, 2, 3)	(Line 4)	
<b>Amount to be Deposited into District Account</b> (Parentheses equals deficit)	(Line 5)	<b>Deficit Not Allowed</b>

PO # \_\_\_\_\_

Budget Course Code & Description \_\_\_\_\_

**Grand Total**

- Completed worksheet due to Community Education Department TWO WEEKS prior to event.
- Any adjustments will be communicated with Community Education prior to completion of event.
  - Addition to payroll must be submitted to CE prior to the end of the camp/clinic

*I have reviewed and completed the T-3 Facility Use Worksheet to the best of my ability*

Print Camp/Clinic Sponsor Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature of Camp/Clinic Sponsor \_\_\_\_\_ Date \_\_\_\_\_

District Secondary Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Site AD or Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Education Department Rep. \_\_\_\_\_ Date \_\_\_\_\_