

**APPENDIX C**

**SHORELINE ATHLETICS AND ACTIVITIES ASSOCIATION (SAAA)  
STIPEND REDISTRIBUTION REQUEST FORM  
(SEND TO HUMAN RESOURCES, COPY TO WEA-CASCADE)**

NOTE: To be implemented per Section 19.0 of the Collection Bargaining Agreement.

School: \_\_\_\_\_

Sport/Activity: \_\_\_\_\_

Current Contract Allocation of  
Stipends Per Individual:

Waiver Request Allocation of Stipends  
Per Individual:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Rationale for Waiver Request:

Signatures of All Employees Involved

Signature of Principal/Designee:

---

---

---

---

---

---

---

---

---

Date of Request: \_\_\_\_\_

Approved:

\_\_\_\_\_  
District Athletic Director

\_\_\_\_\_  
Date