

**GREENVILLE COUNTY SCHOOL DISTRICT**



# **GUIDELINES for EMPLOYMENT of ADJUNCT INSTRUCTORS/COACHES**

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Application Process Overview and Application

## GUIDELINES for EMPLOYMENT of ADJUNCT INSTRUCTORS/COACHES

Schools are allowed to employ non-traditional, part-time “Adjunct” coaches and instructors. “Adjunct” personnel are not regular, full-time employees of the district. They are hired specifically to coach or instruct on a part-time basis. The below guidelines are to be followed for proper employment. NOTE: Substitute teachers OR less than half-time employees who coach are categorized as “Adjunct” and must go through the same process as below.

- 1 **Subject to GCS Policies.** Adjunct coaches/instructors employed by the district will be subject to its policies and rules in the performance of their coaching duties (IDFA-R, GBA-P, R). The Principal should explain these policies and rules to the adjunct coach/instructor prior to the person assuming his/her duties.
- 2 **Interview with the Principal.** Adjunct coaches/instructors MUST be interviewed by the principal. The director or department head hiring the adjunct person must make certain this interview takes place.

**The Following Forms MUST be sent to the Bradley Wingate to start the employment process. 355-4888, [bwingate@greenville.k12.sc.us](mailto:bwingate@greenville.k12.sc.us).** These forms can be found on the district’s website—“Human Resources Dept.”; “Human Resources Forms”; “Adjunct Music Instructors.” Next to “Adj.Music Instructors” you will see two links: “Application Packet” and “New Hire Forms.” Click on “Application Packet,” print and complete all the forms.

- **Request for Employment for Adjunct Music Instructors Form.** This is the official “request for employment” that is to be completed by the Music Director and signed by the school principal and Academic Specialist for Visual and Performing Arts (Bradley Wingate).
  - **Application.** The adjunct coach/instructor applicant must complete this form completely and sign it on the second page.
  - **Reference Forms.** There are three reference forms. We require at least two of these to be completed and given to your school’s department head or director.
  - **Consulting Agreement.** To be completed by District Office personnel and the adjunct instructor
  - **Authorization Form (for background check).** This is to be signed and dated. Please note credit checks are NOT done on adjunct music instructors, just criminal checks.
  - **Authorization to Serve as Adjunct Music Instructor.** This will be completed by the Academic Specialist for Visual and Performing Arts.
3. **AFTER THE ABOVE FORMS ARE RECEIVED IN THE DISTRICT OFFICE,** the applicant will be called to come to the Human Resources Department Orientation Program. This is mandatory! At this orientation, all of the completed “New Hire” forms should be submitted to Human Resources. The applicant is to show up at the orientation with his/her social security card, a voided personal check (or an authorization for direct deposit letter on your bank’s letterhead with routing number), TB test results (mandatory to turn in before you will be allowed to work) and other identification information per I9 requirements.

**NOTE: The applicant is encouraged to print all the “New Hire” forms and have them completed in advance and sent in with the “Application Packet” or brought with him/her to the HR Orientation.**

**IMPORTANT: no person is to be allowed to begin their duties with the students unless authorized by the Academic Specialist for Visual and Performing Arts and the local school principal. This is done only when the adjunct coach/instructor has completed all the above steps, a background check has been completed, TB test results have been submitted and an Employee number issued for the adjunct employee.**

## Application for Adjunct Instructor or Coach

<b>PERSONAL INFORMATION</b>	Last Name Middle Initial		First Name	Date of Application
	Street Address			Birth Date
	City Code	State	Zip	Home Phone
	Email Address			Work Phone
	School Site Applying to:	Specific Position Applying for:		Cell Phone
	In Case of Emergency, please notify:			
	Name: _____ Address: _____ Phone #1: _____ Phone #2: _____			

<b>ACADEMIC INFORMATION</b>	Have you ever been convicted of anything, including traffic violations other than "minor traffic violations"? Please note: DUI and DWI convictions are not considered as "minor". <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
	Academic Preparation: <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> High School             <input type="checkbox"/> 1 Yr. College             <input type="checkbox"/> 2 Yr. College             <input type="checkbox"/> 3 Yr. College             <input type="checkbox"/> College Graduate         </div> <div style="margin-top: 10px;">           High School: _____ Dates: _____            College: _____ Dates: _____ Degree: _____            College: _____ Dates: _____ Degree: _____            College: _____ Dates: _____ Degree: _____            College: _____ Dates: _____ Degree: _____         </div>

## Application for Adjunct Instructor or Coach *(Continued)*

<b>WORK EXPERIENCE</b>	<b>1</b>	Employer	City/County	State	Dates of Employment
		Kind of Work	Reason for Change	Name of Supervisor	
	<b>2</b>	Employer	City/County	State	Dates of Employment
		Kind of Work	Reason for Change	Name of Supervisor	
	<b>3</b>	Employer	City/County	State	Dates of Employment
		Kind of Work	Reason for Change	Name of Supervisor	

<b>REFERENCES</b>		Name of Reference	Position/Relationship	Mailing Address & Email Address (if known)	Phone Number
	<b>1</b>				
	<b>2</b>				
	<b>3</b>				

<b>SIGNATURE</b>	<p>My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is cause for dismissal should I be employed by Greenville County Schools.</p>
	<p>By my signature, I authorize Greenville County Schools to ask for and obtain from each former or present employer, person, firm, or corporation given as reference any and all information sought in connection with this application. I also authorize any former employer, person, firm, or corporation from who such information is requested to supply Greenville County Schools with information concerning me, my work habits, character, skill, and actions in any transaction.</p> <p style="text-align: right;">Signature: _____</p>

S. C. Law prohibits employment of applicants who have defaulted on student loans unless they can prove that satisfactory arrangements have been made for payment.

Greenville County Schools complies with Section 59-26-40 of the South Carolina Code of Laws, which states:

“Prior to initial employment of an adjunct instructor/coach, the local district shall request a criminal record history from The South Carolina Law Enforcement Division for past convictions of any crime listed in Chapter 3 of Title 16, offenses Against the Person, any crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency, and for the crime of contributing to the delinquency of a minor, contained in Section 16-17-490.”

### ADJUNCT MUSIC INSTRUCTOR— REFERENCE FORM

**RETURN TO:** Greenville County Schools ▪ Academic Specialist for Visual and Performing Arts ▪ 301 Camperdown Way, PO Box 2848 ▪ Greenville SC 29602-2848 ▪ 355-4888

**This block is to be filled out by the Applicant**

Name of Applicant \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Address of Applicant \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position Applied For: \_\_\_\_\_  
(School Name) (Coach or Instructor Position)

***I hereby give permission to you to fill out this confidential questionnaire concerning my qualifications in regard to a position with the Greenville County Schools.*** ☐ Yes ☐ No

*Dear Sir or Madam:*

*The above named individual has applied for a position in the Greenville County Schools and has listed you as a reference. Please complete and return this form at your earliest convenience. You may use the reverse side to provide additional information or comments. All information will be considered confidential.*

Name of Reference \_\_\_\_\_ Present Title: \_\_\_\_\_

Address of Reference \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Please record in the boxes below a number from the following scale that best describes your assessment of the applicant's performance in the listed category.**

1. Outstanding	2. Above Average	3. Average	4. Below Average	5. Unknown
Professional Attitude			Efficiency in Routine Matters	
General Maturity			Flexibility	
Health			Ability to Follow Instructions	
Personal Appearance			Ability to Implement Planned Activities	
Dependability of Judgment			Effective Communication	
Initiative			Ability to Relate to Youth	
Attendance and Punctuality			Ability to Relate to Co-workers	

**Strengths and Weaknesses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you employ or reemploy this applicant? ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Completed

### ADJUNCT MUSIC INSTRUCTOR— REFERENCE FORM

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PO Box 2848 ▪ Greenville SC 29602-2848 ▪ 355-4888

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Name of Applicant \_\_\_\_\_

(First) (Middle) (Maiden) (Last)

Address of Applicant \_\_\_\_\_

(Street) (City) (State) (Zip Code)

Position Applied For: \_\_\_\_\_

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Dependability of Judgment			Effective Communication	
Initiative			Ability to Relate to Youth	
Attendance and Punctuality			Ability to Relate to Co-workers	

**Strengths and Weaknesses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you employ or reemploy this applicant? ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Completed

### ADJUNCT MUSIC INSTRUCTOR— REFERENCE FORM

**RETURN TO:** Greenville County Schools ▪ Academic Specialist for Visual and Performing Arts▪ 301 Camperdown Way,  
PO Box 2848 ▪ Greenville SC 29602-2848 ▪ 355-4888

**This block is to be filled out by the Applicant**

Name of Applicant

(First)

(Middle)

(Maiden)

(Last)

Address of Applicant

(Street)

(City)

(State)

(Zip Code)

Position Applied For:

(School Name)

(Coach or Instructor Position)

***I hereby give permission to you to fill out this confidential questionnaire concerning my qualifications in regard to a position with the Greenville County Schools.*** ☐ Yes ☐ No

*Dear Sir or Madam:*

*The above named individual has applied for a position in the Greenville County Schools and has listed you as a reference. Please complete and return this form at your earliest convenience. You may use the reverse side to provide additional information or comments. All information will be considered confidential.*

Name of Reference \_\_\_\_\_ Present Title: \_\_\_\_\_

Address of Reference \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Please record in the boxes below a number from the following scale that best describes your assessment of the applicant's performance in the listed category.**

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Dependability of Judgment			Effective Communication	
Initiative			Ability to Relate to Youth	
Attendance and Punctuality			Ability to Relate to Co-workers	

**Strengths and Weaknesses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you employ or reemploy this applicant? ☐ Yes ☐ No



Signature of Person Completing Form

Date Completed

## GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

In connection with GREENVILLE COUNTY SCHOOL DISTRICT considering me for employment, continued employment, promotion or reassignment, I authorize GREENVILLE COUNTY SCHOOL DISTRICT and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by GREENVILLE COUNTY SCHOOL DISTRICT, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release GREENVILLE COUNTY SCHOOL DISTRICT, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT (Use Blue or Black Ink)

Requested by: 8643553974

FULL LEGAL NAME \_\_\_\_\_ DOB \* \_\_\_\_\_ SS# \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

Name exactly as it appears on Drivers License \_\_\_\_\_

CURR. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST ALL CITY/STATES RESDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

\_\_\_\_\_

\* \*Date of Birth\* (DOB) or \*Age\* will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.



# **GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE**

CONSUMER DISCLOSURE

(FCRA-1)

In connection with GREENVILLE COUNTY SCHOOL DISTRICT considering you for employment, continued employment, promotion or reassignment, GREENVILLE COUNTY SCHOOL DISTRICT may obtain a consumer report, criminal background check report or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

CONFIDENTIAL

# GREENVILLE COUNTY SCHOOLS

## REQUEST FOR EMPLOYMENT or CHANGE IN STATUS

FOR Adjunct Music Instructor

TO: Bradley Wingate, Academic Specialist for Visual and Performing Arts, District Office

FROM: \_\_\_\_\_

Director or Principal

School/Department

### DELETION FROM CURRENT ASSIGNMENT or CHANGE in LEVEL OF PAY

I am recommending that the following person be deleted from the below supplemental assignment:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Prior Assignment

\_\_\_\_\_  
Supplement Amount or  
Number of Extra Days

\_\_\_\_\_  
Employee # or Social Security #

\_\_\_\_\_  
Effective Date of Termination

### ADDING NEW EMPLOYEE or CHANGING EMPLOYEE TO A NEW ASSIGNMENT or PAY LEVEL

I am recommending the following person be added or his/her status changed to the below new assignment:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
New Assignment

\_\_\_\_\_  
Job Code

\_\_\_\_\_  
Supplement Amount

☐ Exempt/Non-Exempt

☐ Adjunct

☐ Check if LOCAL FUNDING

\_\_\_\_\_  
Employee # (if known)

\_\_\_\_\_  
Effective Beginning Date

\_\_\_\_\_  
Years' Experience in this position

### ADJUNCT INSTRUCTOR/COACH INFORMATION (required for those who are not full-time employees)

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Checklist:** All items must be checked before sending to District Academic Specialist for Visual and Performing Arts (Bradley Wingate):

\_\_\_ Principal interview      \_\_\_ 2 References checked      \_\_\_ Completed Application

\_\_\_ Notice of Authorization for background check

**New Hire Forms :** To be taken to HR Orientation by applicant:

\_\_\_ W-4 form      \_\_\_ I-9 form      \_\_\_ Direct Deposit form with voided check      \_\_\_ TB Test Results

\_\_\_ Voluntary Data form      \_\_\_ SSN card      \_\_\_ I-9 Verify Forms of Identification

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Specialist for Visual and Performing Arts

\_\_\_\_\_  
Date

New 9/14/12

Updated: 4/30/2014

## Authorization to Serve as Adjunct Instructor/Coach

\_\_\_\_\_  
Name of Adjunct Music Instructor

\_\_\_\_\_  
School

\_\_\_\_\_  
Activity

The above named individual has completed required application procedures necessary to become an adjunct music instructor in Greenville County Schools. Pending clearance of the criminal background check and based on the foregoing information, the above named person is authorized to serve as an adjunct music instructor in Greenville County Schools

\_\_\_\_\_  
Bradley Wingate, Academic Specialist for Visual and Performing Arts

\_\_\_\_\_  
Date

### Required Application Procedures for Adjunct Music Instructors

#### Required Forms to Submit BEFORE Attending Orientation

(Submit packet to Academic Specialist for Visual and Performing Arts (Bradley Wingate), GCSD District Office,  
301 Camperdown Way, Greenville, SC 29602)

- \_\_\_\_ Request for Employment (for Adjunct Music Instructors) Form, **signed by principal**
- \_\_\_\_ Application (completed and **signed by the applicant**)
- \_\_\_\_ References (2 required)
- \_\_\_\_ Authorization Form (for background check) (**signed by applicant**)
- \_\_\_\_ Consulting Agreement Form
- \_\_\_\_ Individual Resume (**to verify experience**)

#### Required Forms to Submit AT Orientation

- \_\_\_\_ W-4 Form (Federal Withholding Allowance Certificate; **signed by applicant**)
- \_\_\_\_ I-9 Form (Department of Justice/INS form; **signed by applicant**)
- \_\_\_\_ I-9/E-Verify Documentation (Must bring actual forms of ID-no copies allowed)
- \_\_\_\_ TB Test Results (DHEC form 1420, from Health Department, **required of all District employees**)
- \_\_\_\_ Direct Deposit Authorization form (**signed by applicant and accompanied by a voided check**)
- \_\_\_\_ Social Security Card (original, necessary for payroll purposes-can also be used as one form of ID for I-9)

**\*\*Please note- Attendance at the HR Orientation is MANDATORY BEFORE one can begin working\*\***

## CONSULTING AGREEMENT FORM

This Consulting Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the School District of Greenville County (District) and \_\_\_\_\_ (Consultant).  
\_\_\_\_\_ requires assistance with \_\_\_\_\_.

Consultant possesses certain knowledge and skills relating to \_\_\_\_\_, and desires to assist \_\_\_\_\_ with \_\_\_\_\_, for the compensation described below, as an independent contractor.

THEREFORE, in consideration of the foregoing and the mutual promises contained in this Agreement, the parties agree as follows:

1. **Services:** Consultant shall personally provide the following services to the District beginning on \_\_\_\_\_, 20\_\_\_\_ (this is a tentative start date, to be confirmed with the Consultant before services begin) and continuing until this Agreement is terminated by either party as provided in Paragraph 4 below: \_\_\_\_\_ . Consultant shall provide specific services to accomplish a defined task for the District.

Consultant agrees to adhere to the policies and procedures established by the District, to use his best efforts to promote the District's interests, and to give the District the full benefits of his experience, knowledge, and skills.

2. **Compensation:** In return for the services described in Paragraph 1 above, the District agrees to pay Consultant \$\_\_\_\_\_ per hour of services provided. The director is responsible for overseeing that invoices are submitted to the school bookkeeper in time for payment. These invoices may be submitted for one lump sum or divided into two payments. The District shall pay Consultant within thirty days of the date on the invoice. Consultant's invoices shall be based on completed work by Consultant and approved by the music director. Before performing any services under this Agreement, Consultant shall provide to the District a completed Form W-9 (Request for Taxpayer Identification Number and Certification).

3. **Independent contractor:** The District and Consultant intend that Consultant perform his duties as an independent contractor and not as an employee. Consultant shall not be deemed an employee of the District for any purpose whatsoever. Consultant shall be considered an independent contractor and shall have sole control over the manner and means of performing under this Agreement. The District may not require Consultant to do anything that would jeopardize the relationship of independent contractor between the District and Consultant. All expenses and disbursements incurred by Consultant in the performance of his duties under this Agreement, including any travel or out-of-pocket expenses, shall be agreed upon in advance and proper documentation must be submitted.

Accordingly, with respect to the services covered by this Agreement, Consultant and the District each acknowledge and agree that Consultant shall not be treated as an employee for purposes of the Federal Insurance Contributions Act, the Social Security Act, the Federal Unemployment Tax Act, federal and state income tax withholding, state unemployment taxes, state workers' compensation insurance, and similar laws covering the employer-employee relationship. Consultant further acknowledges that he is responsible for the payment of any federal or state taxes owed as a result of his compensation under this Agreement.

Instructors who wish to purchase insurance while working with music programs can obtain a quote designed specifically for music directors and instructors at <http://www.dissingerreed.com/nfhs/music>. However, music directors and instructors can seek insurance quotations from any insurance agency.

4. Termination: This Agreement may be terminated at the will of either the District or Consultant at any time, for any reason, with or without cause. It is understood that consultants will be paid only for time/services rendered prior to termination.

5. Confidentiality: Consultant recognizes that his relationship with the District may give him access to non-public confidential information possessed by the District. Consequently, during the term of this Agreement and thereafter, Consultant shall not use for himself or for others, nor divulge to anyone except persons specifically designated by the District, any such confidential information.

6. Entire agreement: This Agreement constitutes the entire understanding between the parties with respect to the subject matter hereof and supersedes any and all prior understandings and agreements, oral or written, relating hereto. Any changes to this Agreement must be mutually agreed upon by the parties and shall be incorporated in written statements to this Agreement.

7. Applicable law: This Agreement shall be construed, performed, and enforced in accordance with the laws of the State of South Carolina.

**Witness the following signatures:**

**Consultant:**

\_\_\_\_\_  
(Consultant Signature)

\_\_\_\_\_  
(Print Name)

**School District of Greenville County Music Director:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

**Reviewed/Approved By:**

\_\_\_\_\_  
(Principal/School Designee or Academic Specialist for Visual and Performing Arts Signature)

\_\_\_\_\_  
(Print Name)



**THIS PAGE IS TO BE COMPLETED BY THE BAND DIRECTOR**

\_\_\_\_\_  
Instructor's First & Last Name

\_\_\_\_\_  
Instructor Position Applied For

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Total Amount to be paid for the entire season

\_\_\_\_\_  
Number of paychecks

\_\_\_\_\_  
Total amount paid divided by the number of checks = the total amount of each check

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date