



Non-Compliance of Fundraiser

Name of Employee: _____

Fundraiser Number: _____

Unreconciled Amount \$ _____

☐ Employee has received sponsor training

Date of training: _____

Is this the employee's first occurrence? ☐ YES ☐ NO

If no, list dates of previous occurrences _____

☐ Employee has provided memorandum to Supervisor

☐ Supervisor has submitted memorandum to Employee stating corrective action plan

☐ Approved

If approved, the following ramifications apply (any of the below may be combined):

☐ Suspension of purchasing/fundraising privileges

☐ Employee payroll deduction ____ Payments of ____ (Deliver Copy to Payroll Department)

☐ District will process payment – Submit Student Group Approval (Deliver Copy to Business Dep.)

☐ Other: _____

☐ Denied

If denied, the following ramifications apply (any of the below may be combined):

☐ Suspension of purchasing/fundraising privileges

☐ Employee payroll deduction ____ Payments of ____ (Deliver Copy to Payroll Department)

☐ Other: _____

Superintendent signature: _____ Date: _____

***Vision:** Believe we can succeed, with pride we will achieve.*

***Mission:** The mission of the District is to educate and inspire students in a safe and supportive environment which will result in closing the achievement gap by preparing all students for college readiness and success in a global society.*

Revised 09-27-2017