

## DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION ATHLETIC COACHES - COMPENSATION BEYOND DISTRICT PARTICIPATION

Location #:			School:			
Principal:  Coach's Employee #:  Coaching Position:			Athletic Director:			
			Coach's Name:			
						Month(s):
Year:						
DAYS/DATES WOF	RKED					
MON	TUE	WED	THUR	FRI	SAT	
MON	TUE	WED	THUR	FRI	_ SAT	
MON	TUE	WED	THUR	FRI	_ SAT	
MON	TUE	WED	THUR	FRI	_ SAT	
MON	TUE	WED	THUR	FRI	_ SAT	
		\	/erified:			
Coach's Signature		Date	Athletic Director's Signature		Date	
		ļ	Approved: Principal's Signature Date			
			Principal's Signature		Date	