

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

Location #:			School:			
Principal:			Athletic Director:			
Coach's Employee #:			Coach's Name:			
			Sport:			
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	
			Verified:			
Coach's Signature		Date	Date Athletic Director's		Date	
			Approved:	1. 0:	Date	
			Principal	Principal's Signature		