

Forest City Regional School District

Athletic Coaching Salary Request Form

Name: _____ Position: _____

Is this a shared position? _____ (Yes or No) If yes, with whom? _____

Total # of years for this position: _____ Total number of weeks worked: _____

Amount of Salary to Be Paid With This Request: _____ 50% _____ 100%

You must have earned the percentage requested before receiving compensation for it.

If this position is paid per session please list the dates of the sessions.

Examples: Timekeeper, Intramurals, Ticket Collector, etc.

Dates: _____

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| _____ | _____ | _____ |
| _____ | _____ | _____ |

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____

Uniforms _____ Fob _____ Keys _____ Calendar _____ Medical Kit _____