



COACHING CONTRACT

for School Year 2011/ 2012

This athletic contract is for the 2011- 2012 school year and is valid for this year only. There is no coaching career status (tenure) in Franklin County Schools.

IMPORTANT: Please be sure to fill out this contract completely. **Incomplete contracts will be returned to principals and no payment will be made until all paperwork is completed.** If applicant is not an employee of Franklin County Schools, they must submit a completed application including references to the Human Resources office and Principal must submit Action Sheet to HR.
Non-employees cannot coach for Franklin County Schools until cleared by Human Resources.

PLEASE PRINT LEGIBLY

Are you an employee of Franklin County Schools? _____ If not, have you been cleared to work by FCS Human Resources ? _____
 What is your position with Franklin County Schools? _____
 Where do you report to work? _____ If you are a teacher, what do you teach? _____

Name: _____ FCS ID# or SS#: _____
 Home address: _____
 Phone (indicate Work, Home, Cell, etc.) _____

FALL Submit to Tommy Piper by **August 1, 2011**

Fall sport to be coached: _____ # Years documented experience: _____
 Circle one: Head Coach / Assistant Coach Specify: Boys / Girls
Total amount of supplement: _____ to be paid (select one below) :
 ___ In equal installments on regular pay dates in **August, September, October and November**
 ___ One lump sum at end of season (Month: _____)

For office use only

WINTER Submit to Tommy Piper by **Oct. 1, 2011**

Winter sport to be coached: _____ # Years documented experience: _____
 Circle one: Head Coach / Assistant Coach Specify: Boys / Girls
Total amount of supplement: _____ to be paid (select one below) :
 ___ In equal installments on regular pay dates in **November, December, January & February**
 ___ One lump sum at end of season (Month: _____)

SPRING Submit to Tommy Piper by **Dec. 1, 2011**

Spring sport to be coached: _____ # Years documented experience: _____
 Circle one: Head Coach / Assistant Coach Specify: Boys / Girls
Total amount of supplement: _____ to be paid (select one below) :
 ___ In equal installments on regular pay dates in **February, March, April & May**
 ___ One lump sum at end of season (Month: _____)

The coaching period will be determined by the North Carolina High School Athletic Association. I agree to conduct practice according to these rules and regulations and further agree to the Code of Ethics of the NCHSAA.

- Are you a Beginning Teacher (First three years) or a 27+ year teacher?: Yes _____ No _____ (If yes, Waiver of 115C-47 Assignment of Activities must be attached.)
- I have attended the mandatory NCHSAA rules clinic for the sport I coach (please initial): Yes _____ No _____

Each person listed below is to sign this contract:

- | | |
|------------------------------------|-------------|
| 1. Coach / Assistant Coach _____ | Date: _____ |
| 2. Athletic Director: _____ | Date: _____ |
| 3. Principal: _____ | Date: _____ |
| 4. Assistant Superintendent: _____ | Date: _____ |