

COACHING AGREEMENT - ATHLETICS PROGRAM

Name: _____

Home Address: _____

SSN: _____ Phone: _____

Period of Appointment (inclusive dates): _____

Title: _____

Salary: _____ Based on a full-time [annual / academic year] salary of: _____

Percent of Time Employed: _____ Highest earned degree: _____

Accounts to be charged: _____

General duties and/or objectives to be accomplished:

I agree to accept this assignment and compensation subject to the above conditions.

_____	Athletics Employee	_____	Date
_____	Athletic Director	_____	Date
_____	Budget Officer	_____	Date
_____	Human Resources Director	_____	Date
_____	Cabinet Officer	_____	Date

Forward signed form to Office of Human Resources

C: Employee
Payroll
Athletics

