



INSPIRE. EMPOWER. NURTURE.
Enter with promise. Leave with purpose.

Coaching/Extracurricular

Central

South

Cary-Grove

Prairie Ridge

Name _____

Maiden Name (if applicable) _____

Address _____

City, State, Zip _____

Cell Phone _____ Home Phone _____

Date of Birth _____ SSN _____-_____-_____

IEIN Number _____ OR ASEP Certification Date _____

Are you receiving a pension from TRS? YES NO

E-mail Address _____

Emergency Contact _____ Phone _____

Sport _____ School Year _____

Signature

Date

U.S. DEPARTMENT of EDUCATION RACE and ETHNICITY DATA STANDARDS

In the fall of 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires current staff and *new employees* of educational institutions to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity).

Please answer both questions below:

Question 1 - Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No, not Hispanic/Latino	Yes, Hispanic/Latino
-------------------------	----------------------

Question 2 - Please select the racial category or categories with which you most closely identify. Select as many as apply.

<p>American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)</p>	<p>Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</p>
<p>Black or African American (A person having origins in any of the black racial groups of Africa.)</p>	<p>Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p>
<p>White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p>	

Signature: _____ Date: _____



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

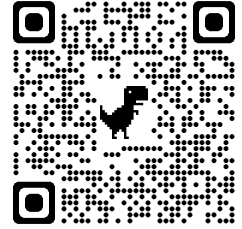
Signature of Applicant/Employee

Date



Board Policies

Community High School District 155's Board of Education adopts policies for the operations of the school district. These Board Policies are available on the District website at www.d155.org.



It is your responsibility and a condition of your employment to be knowledgeable of and to abide by these policies.

We would like to bring your attention to the following policies at this time:

Board Policies 2:260 *Uniform Grievance Procedure* and 2:265 *Title IX Sexual Harassment Grievance Procedure*. Your signature below acknowledges receipt of and a willingness to abide by these policies and accompanying guidelines.

Employee Signature

Date

Human Resources

Board Policies 5:20 *Workplace Harassment Prohibited* and 7:20 *Harassment of Students Prohibited*. Your signature below acknowledges receipt of and a willingness to abide by these policies and accompanying guidelines.

Employee Initials

Date

Human Resources

Board Policy 5:50 *Drug- and Alcohol-Free Workplace; E-Cigarette, Tobacco and Cannabis Prohibition*. Your signature below acknowledges receipt of and a willingness to abide by these policies and accompanying guidelines.

Employee Initials

Date

Human Resources

Board Policy 7:180 *Prevention of and Response to Bullying, Intimidation, and Harassment*. Your signature below acknowledges receipt of and a willingness to abide by these policies and accompanying guidelines.

Employee Initials

Date

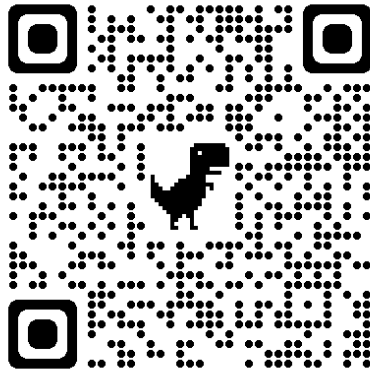
Human Resources



INSPIRE. EMPOWER. NURTURE.
Enter with promise. Leave with purpose.

Acceptable Use Policy

Community High School District 155's AUP is available for download from the District website at www.d155.org/staff/aup or can be scanned using your smartphone's camera app using the QR code below.



Community High School District #155 Acceptable Use Policy for Staff

I hereby acknowledge that I have read and agree to adhere to these acceptable use guidelines. I further understand that, should I commit any violation, my access privileges may be revoked, and disciplinary action and/or legal action may be taken against me.

Printed Name

Employee Signature

Date

School



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.**

2025

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 _____
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 _____
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older. I am legally blind.
 My spouse is 65 or older. My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 _____
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 _____
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number _____

Name _____

Street address _____

City _____ State _____ ZIP _____

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

Your signature _____ Date _____

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.



Verification of Coaching/Extracurricular Experience

Name: _____ Last 4 of SSN: _____

Part A: List only High School or College PAID coaching experience on this form. Club, middle school and summer coaching do not count towards years of experience.

High School/College	Sport/Activity	Dates of Service

By signing below, I authorize my former employer to complete this form and return to the CHSD155 HR department.

Signature _____ Date _____

Part B: To be completed by authorized official currently employed by the school district/school. Please return to the address/email/fax number of CHSD155 HR listed below. Information will be used to determine placement on the salary schedule.

- Yes, the information provided matches the records on file.
- No, the information provided is incorrect. Accurate information on file:

Signature: _____

Title of Authorized Official: _____

Date: _____



Organizational Code: B088F4

Experience Verifications (EV)

Faith's Law Employment History Review (EHR) & Self-Disclosure Form

Message to New Hires – Employee Initiated Process

Requesting your Experience Verification(s) through Verifent is simple and easy. To start, visit www.verifent.com. Click the 'Initiate Experience Verification' button in the lower-right hand corner of the page.

Step 1: Hiring School District

- A. Click 'Choose Your Hiring Entity'.
- B. Enter the Hiring District - **Community High School District 155 - IL** - exactly as shown here. As you type, your Hiring District should drop down. Select the drop-down Hiring District name. If your Hiring District name does not drop down, you will need to contact your Hiring District.
- C. Ensure the button is toggled to 'Yes' stating you want the completed form(s) to be sent to your Hiring District. Click 'Save Hiring District' and 'Continue.'

Step 2: Enter Your Information

- A. Toggle the 'Faith's Law Employment History Review (EHR) Form & Self Disclosure Form' button to 'Yes'. If you also need a Certified Experience Form, toggle that button to 'Yes.', otherwise toggle to 'No'
- B. Enter your information and read the 'Instructions to Applicant.' You will need your Illinois Educator Identification Number (IEIN) if applicable, as well as your driver's license or state ID.
 - a. Dashes are required in the phone number, birthdate, and social security number.
- C. Answer the questions appropriately by toggling the three buttons to 'Yes' or 'No.'
- D. With a mouse or touchscreen, draw your signature and type your name.
- E. Click the 'I Agree' button.
- F. You will be sent an email. Click the link on the confirmation email; if you do not receive this email in a few minutes, please check your Spam folder.

Step 3: Former Employer(s)

- A. Click 'Enter ALL Former Employers.' You will need dates and email addresses (preferably business email, not personal). You only need to enter employment where you worked or had regular interaction with students/children.
- B. Enter ALL Former Employer(s) that you need an Employment History Review and/or Experience Verification from. If your Former Employer(s) does not drop down as you type under 'Former Employer Lookup', click 'Enter New Former Employer', and enter the information requested.
****Note: Multiple Former Employers can be selected/added****
- C. Click 'Close' and follow instructions under 'Next Step.'
Do not select the paid option after you've entered your information. Select the free option - this page will eventually be removed.



Phone: 773-685-5699
Fax: 773-685-5433
www.accuratebiometrics.com

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Phone # _____

Place of Birth: (State or Country if outside USA): _____

ORI- _____

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

Client ID

TCN# _____ Date Printed _____

APPENDIX B
Athletic Group Schedules 2022-2027

Group A	Group B	Group C
Head Basketball (boys)	Head Cheerleading	Head Cross Country (boys)
Head Basketball (girls)	Head Competitive Dance	Head Cross Country (girls)
Head Football	Head Soccer (boys)	Head Golf (boys)
Head Baseball	Head Soccer (girls)	Head Golf (girls)
Head Softball	Head Track (boys)	Head Gymnastics
Head Volleyball	Head Track (girls)	Head Lacrosse (boys)
Head Wrestling		Head Lacrosse (girls)
		Head Swimming (boys)
		Head Swimming (girls)
		Head Tennis (boys)
		Head Tennis (girls)
Group D	Group E	Group F
Assistant Baseball	Assistant Cross Country (boys)	Head Indoor Track (boys)
Assistant Basketball (boys)	Assistant Cross Country (girls)	Head Indoor Track (girls)
Assistant Basketball (girls)	Assistant Golf (boys)	Weight Room Supervisor (fall)
Assistant Cheerleading	Assistant Golf (girls)	Weight Room Supervisor (spring)
Assistant Competitive Dance	Assistant Gymnastics	Weight Room Supervisor (winter)
Assistant Football	Assistant Lacrosse (boys)	
Assistant Softball	Assistant Lacrosse (girls)	
Assistant Soccer (boys)		
Assistant Soccer (girls)		
Assistant Track (boys)	Assistant Swimming (boys)	
Assistant Track (girls)	Assistant Swimming (girls)	
Assistant Volleyball	Assistant Tennis (boys)	
Assistant Wrestling	Assistant Tennis (girls)	

The number of positions per school shall not serve as a bar to the ability of the Board of Education to increase or decrease the number of positions per school during the term of this agreement.

- Minor officials will be compensated at a rate of \$60.00 per event with the exception of football, lacrosse and track & field which will be compensated at a rate of \$75.00 per event.
- Weight room supervisor stipend may not be utilized for anything other than weight room supervision.
- If a coach transfers from one sport to another, his/her prior experience will transfer with him/her to the new sport.
- Prior experience as a coach does NOT transfer to activity sponsor positions, nor does prior experience as an activity sponsor transfer to a coaching position.
- Transferrable experience as a coach or sponsor as defined in this section will not be diminished by an employee taking a break from coaching or sponsoring for any length of time.

Athletics Stipend Schedule 2024-2025 School Year

Percent of Base						
Step	A	B	C	D	E	F
1	12.50%	10.50%	8.50%	7.50%	6.50%	2.00%
2	13.50%	11.50%	9.50%	8.50%	7.50%	2.50%
3	15.50%	12.50%	10.50%	9.50%	8.50%	3.00%
4	17.50%	14.50%	12.50%	11.50%	10.50%	3.50%
5	18.50%	16.50%	14.50%	13.50%	12.50%	4.00%
6	22.50%	19.50%	16.50%	15.50%	14.50%	4.50%

Stipend												
Step	A		B		C		D		E		F	
	Base	Creditable*	Base	Creditable*	Base	Creditable*	Base	Creditable*	Base	Creditable*	Base	Creditable*
1	6,523	6,830	5,479	5,737	4,435	4,644	3,914	4,098	3,392	3,552	1,044	1,093
2	7,044	7,376	6,001	6,284	4,957	5,191	4,435	4,644	3,914	4,098	1,305	1,366
3	8,088	8,469	6,523	6,830	5,479	5,737	4,957	5,191	4,435	4,644	1,565	1,639
4	9,132	9,562	7,566	7,923	6,523	6,830	6,001	6,284	5,479	5,737	1,826	1,912
5	9,653	10,108	8,610	9,016	7,566	7,923	7,044	7,376	6,523	6,830	2,087	2,185
6	11,741	12,294	10,175	10,654	8,610	9,016	8,088	8,469	7,566	7,923	2,348	2,459

* Creditable earnings shown above are subject to TRS earnings limitations for Tier II members (https://www.trsil.org/employers/payments/contribution-rates_earnings-limitations)

Athletics Stipend Schedule 2025-2026 School Year

Percent of Base						
Step	A	B	C	D	E	F
1	12.50%	10.50%	8.50%	7.50%	6.50%	2.00%
2	13.50%	11.50%	9.50%	8.50%	7.50%	2.50%
3	15.50%	12.50%	10.50%	9.50%	8.50%	3.00%
4	17.50%	14.50%	12.50%	11.50%	10.50%	3.50%
5	18.50%	16.50%	14.50%	13.50%	12.50%	4.00%
6	22.50%	19.50%	16.50%	15.50%	14.50%	4.50%

Stipend												
Step	A		B		C		D		E		F	
	Base	Creditable*	Base	Creditable*	Base	Creditable*	Base	Creditable*	Base	Creditable*	Base	Creditable*
1	6,634	6,947	5,572	5,835	4,511	4,724	3,980	4,168	3,449	3,612	1,061	1,111
2	7,164	7,502	6,103	6,391	5,041	5,279	4,511	4,724	3,980	4,168	1,327	1,390
3	8,226	8,614	6,634	6,947	5,572	5,835	5,041	5,279	4,511	4,724	1,592	1,667
4	9,287	9,725	7,695	8,058	6,634	6,947	6,103	6,391	5,572	5,835	1,857	1,945
5	9,818	10,281	8,756	9,169	7,695	8,058	7,164	7,502	6,634	6,947	2,123	2,223
6	11,940	12,503	10,348	10,836	8,756	9,169	8,226	8,614	7,695	8,058	2,388	2,501

* Creditable earnings shown above are subject to TRS earnings limitations for Tier II members (https://www.trsil.org/employers/payments/contribution-rates_earnings-limitations)

Pay Schedule Boys' Coaching

Sport

Pay Date

Football, Cross Country, Golf
Soccer
Assistant Athletic Director-Fall
Weight Room Fall

10/31

Wrestling, Swimming

2/15

Basketball, Indoor Track
Weight Room Winter
Assistant Athletic Director-Winter

2/28

Baseball, Tennis, Track, LaCrosse
Assistant Athletic Director-Spring
Weight Room Spring

5/31

Pay Schedule Girls' Coaching

<u>Sport</u>	<u>Pay Date</u>
Tennis, Cross Country, Volleyball, Golf	10/31
Wildcard - Varsity Sideline Dance	
Wildcard - Varsity Sideline Cheer	
Wildcard - JV Sideline Cheer	
Wildcard - JV Sideline Dance	
Swimming	11/15
Basketball,	2/15
Indoor Track, Competition Poms/Dance Competition Cheer	2/28
Softball, Track, Soccer LaCrosse	5/15