# *CHANGES TO*

**ATHLETIC PERSONNEL ASSIGNMENTS**

**(Use a new form for each sport – DO NOT COMBINE SPORTS)**

**Date: _____**

All athletic personnel must complete and sign a Richmond County School System Employment Agreement. Copies will be filed at the school and in the office of the Director of Athletics. All Head Coaches must have a valid teaching certificate and be employed by the Richmond County School System.

**Please indicate if they are a retired employee of RCSS**

**SCHOOL: _____ CLASSIFICATION: _____ SCHOOL YEAR: _____**

*Please indicate the amount of supplement that is due each employee. The amount may not exceed the approved position salary as posted on the Athletic Personnel Assignments form.*

| **ADD / REMOVE** *CIRCLE ONE* | **COACH'S NAME AND CONTACT (CELL) NUMBER** | **EMPLOYEE NUMBER** | **EMPLOYEE** *CIRCLE ONE* | **SPORT & POSITION** | **SUPPLEMENT AMOUNT DUE** | **START DATE - END DATE or DID NOT COACH** |
|---|---|---|---|---|---|---|
| **ADD / REMOVE** | | | **YES NO** | | | |
| **ADD / REMOVE** | | | **YES NO** | | | |
| **ADD / REMOVE** | | | **YES NO** | | | |
| **ADD / REMOVE** | | | **YES NO** | | | |

**Submitted by: _____ Date: _____**
**(School Athletic Director)**

**Approved by: _____ Date: _____**
**(Principal)**

**Approved by: _____ Date: _____**
**(System Athletic Director)**

**Updated: JULY 2021**