Miami-Dade County Public Schools
giving our students the world

Clear Form

DIVISION OF ATHLETICS/ACTIVITIES AND ACCREDITATION
ATHLETIC COACHES - COMPENSATION BEYOND DISTRICT PARTICIPATION

Location #: _____ School: _____

Principal: _____ Athletic Director: _____

Coach's Employee #: _____ Coach's Name: _____

Coaching Position: _____ Sport: _____

Month(s): _____

Year: _____

DAYS/DATES WORKED

MON _____ **TUE** _____ **WED** _____ **THUR** _____ **FRI** _____ **SAT** _____

MON _____ **TUE** _____ **WED** _____ **THUR** _____ **FRI** _____ **SAT** _____

MON _____ **TUE** _____ **WED** _____ **THUR** _____ **FRI** _____ **SAT** _____

MON _____ **TUE** _____ **WED** _____ **THUR** _____ **FRI** _____ **SAT** _____

MON _____ **TUE** _____ **WED** _____ **THUR** _____ **FRI** _____ **SAT** _____

_____ Verified: _____

Coach's Signature Date Athletic Director's Signature Date

Approved: _____

Principal's Signature Date