

Oneida Special School District

Athletic Supplement Memorandum of Understanding



Coach: _____ **School:** _____

Hire Date: _____ **Sport:** _____

Season: ___ Fall ___ Spring

Classification: ___ Faculty ___ Non-Faculty

Documentation: ___ Application
___ Physical ___ Background Check
___ BGC Waiver ___ Drug Screening
___ DCS Check ___ W4/19 (current year)

Office Use Only

This coach has submitted all necessary documentation and is eligible to participate in the sport.

HR Manager: _____

Base Pay: \$ _____

Years of Experience: _____ x 2% base (*Faculty coaches only*)

Post Season: _____%

Checks will be direct deposited into your account within 30 days of the conclusion of your season.

Non-faculty coaches must submit a time sheet to the Finance Department prior to being issued compensation.

Acknowledgements

I, (coach), understand and agree to this MOU, including the rate at which I will be compensated, what is required of me in order to be compensated, and the timeframe in which I can expect to receive that compensation.

Coach's Signature: _____ **Date:** _____

I, (athletic director), acknowledge that I have discussed this MOU with the coach and that there is clear understanding of expectations and requirements.

Athletic Director: _____ **Date:** _____

I, (principal), agree to provide the Finance Department with all necessary documentation (schedules, etc.) in order to ensure that supplements are issued in an accurate and effective manner.

Principal: _____ **Date:** _____