

**REQUEST FOR COACHING SERVICES INFORMATION FORM FOR COACHING
EXCEPTION**

(To be submitted by employee to athletic director and principal of coaching school)

School year: _____

Name of employee _____

Desired coaching sport _____

Date form received _____

Typical day(s) and time(s) for practice _____

Time coach would be expected to report to practice _____

Time coach would be expected to report for games/competition _____

Frequency or time(s) coach would be expected to coach/work on weekends, during holidays or off season
(for instance, in reviewing game film, etc.) _____

Please explain any accommodations/adjustments needed to allow employee to serve as a coach.

Athletic director's signature

Date

Principal's signature

Date