

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
ATHLETIC SUPPLEMENT APPOINTMENT REQUEST
(Non-Instructional)

School/Department _____ School Year _____

Name of Applicant _____ SS# _____

Supplement Title _____

Coach Not Teaching
(Paid Supplement)

Volunteer Coach
(No Pay)

Other

Is this person an Employee of Escambia Co. and if so in what capacity?
Yes No _____

Effective Date _____

NOTE: THE SCHOOL DISTRICT OF ESCAMBIA COUNTY IS A DRUG-FREE WORKPLACE EMPLOYER. PRE-EMPLOYMENT DRUG AND NICOTINE TESTING IS REQUIRED.

I understand that this is contingent upon the approval of my:

- 1) Certification/Licensure/Qualifications
- 2) Background screening information
- 3) Drug and Tobacco screening results

I also understand I am not allowed on Escambia County property until all paperwork in Certification and Human Resources has been completed.

Applicant Signature _____ Date _____

1. Principal/Department Head _____ Date _____

2. Certification Dept. _____ Date _____

3. Human Resources _____ Date _____

4. Budgeting _____ Date _____

Supplement # _____

Budgetary Coding _____