

**SOUTH COLONIE SCHOOLS  
EXTRA CURRICULAR POSITION RECOMMENDATION**

To: **X** \_\_\_\_\_

From: **X** \_\_\_\_\_

You are offered the following co-curricular or interscholastic coaching assignment:

**X** \_\_\_\_\_ The compensation for this assignment is \$ **X** \_\_\_\_\_

Please check year if a longevity increment for continuous service is requested. (Coaching, performing group, class dean). \_\_\_\_ 5 years \_\_\_\_ 10 years \_\_\_\_ 15 years \_\_\_\_ 20 years.

Date of the first appointment to this position: \_\_\_\_\_

**X** List experience in this sport or activity and the years in each position:

\_\_\_\_\_  
\_\_\_\_\_

Athletic Director's or Principal's action ( ) Approved ( ) Not Approved

Position Points \_\_\_\_ **X** \_\_\_\_\_ = Longevity Addition \_\_\_\_\_

Notes: \_\_\_\_\_ Signed \_\_\_\_\_

This assignment requires the minimal commitment of:

Dates: From: Pre-season to Conclusion of Season

Days: \_\_\_\_\_ Time: \_\_\_\_\_

( ) No change in my regular assigned schedule will be required to meet the above assignment.

( ) Reduction of my planning time is needed to meet the responsibilities of the assignment.

Reduction of the planning time noted below is requested to enable me to complete this assignment.

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Please indicate your acceptance or refusal of this assignment by signing in the appropriate place below and return the signed sheet to the building principal.

I decline the assignment as indicated.

I accept the assignment as indicated for the stipulated compensation. I understand if I am on an unpaid leave, I cannot apply for this position and if I am granted an unpaid leave during the time of my appointment, I must resign from my position. **Additionally, I have received a copy of the Student Activity Handbook and agree to follow all rules and regulations set forth in such handbook, as it applies to extracurricular clubs.**

\_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

Building Principal: ( ) Approval ( ) Disapproval

**X** \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: ( ) Approval ( ) Disapproval

\_\_\_\_\_ Date \_\_\_\_\_

Assist. Super.: ( ) Approval ( ) Disapproval

\_\_\_\_\_ Date \_\_\_\_\_

Superintendent: ( ) Approval ( ) Disapproval

\_\_\_\_\_ Date \_\_\_\_\_

**SOUTH COLONIE SCHOOLS  
EXTRA CURRICULAR APPLICATION**

**Name:**  \_\_\_\_\_

**Address:**  \_\_\_\_\_

\_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Application for Position of: \_\_\_\_\_

Location/Building: \_\_\_\_\_

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**South Colonie Teacher:**

Present Assignment: \_\_\_\_\_ Building \_\_\_\_\_

**Other than South Colonie Teacher:**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours: \_\_\_\_\_

Do you currently possess NYS Certification: \_\_\_\_\_ if yes, in which area: \_\_\_\_\_

Experience related to the Position. (A resume may be attached.)

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References: \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Telephone # \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition \_\_\_\_\_

**(Please complete both sides)**