

**IREDELL-STATESVILLE SCHOOLS
COACHING CONTRACT
2023-2024**

SCHOOL:

COACH'S FIRST NAME:

COACH'S LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

EMAIL ADDRESS:

COACHES SCHOOL ID# (I-SS EMPLOYEE):

OR **SS#**:

Total Years Coaching:

Years Coaching with I-SS:

For Licensed Employees: I acknowledge that this assignment is not a term or condition of my employment as a teacher with the Iredell-Statesville Schools. This contract does not alter or amend the contract of employment with the Board and Coach and both parties understand that this additional duty may be terminated or reassigned at any time by the Board, the Superintendent, or their designee, with or without cause.

For Classified Employees: I acknowledge and agree that my coaching assignment does not involve the same or similar type of services I perform as an employee with the district. I further acknowledge that my services are not closely related to my duties and responsibilities as an employee.

COACHING ASSIGNMENTS

LY PAY RATE

TY PAY RATE

Coach's Signature: _____

Date:_____

AD Signature: _____

Date:_____

Principal Signature: _____

Date:_____

County AD Signature: _____

Date:_____