## SUPPLEMENT PERFORMANCE RESPONSIBILITIES

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TITLE:	Ninth-Grade Football Coach	
	Valid Athletic Coaching or Educator's Ce Experience in Coaching High School Foot	ball
<b>REPORTS TO:</b>	Head Football Coach and Athletic Directo	r
SUPERVISES:	N/A	
JOB GOAL:	To assist the head football coach in the ov of the football program.	erall conduct and supervision
<ul> <li>PERFORMANCE RESPONSIBILITIES:</li> <li>The ninth-grade football coach's first responsibility is the welfare and safety of all athletes under his supervision.</li> <li>The ninth-grade football coach shall help plan a program in such a way to produce a team that will be competitive in their classifications.</li> <li>Assume responsibility for checking all practice areas each day and removing hazardous objects from practice area.</li> <li>Develop a positive public relations program in the school and community.</li> <li>Make recommendations to the athletic director for purchasing equipment.</li> <li>Provide supervision in the locker rooms before and after practice.</li> <li>Coordinate with the athletic trainers to provide appropriate sports medicine procedures for the treatment of athletic injuries.</li> <li>Conduct yourself, at all times, in a manner that will set a good example for student athletes to follow.</li> <li>Assume responsibility with the athletic director for eligibility of participants and insurance coverage of team members.</li> <li>Develop a regular season schedule of games with the athletic director's approval.</li> <li>Assist the head coach with inventory of equipment.</li> <li>Assist head coach in awards presentation.</li> <li>Understand the rules of your sport, Florida High School Athletic Association regulations and district policies regarding interscholastic sports.</li> </ul>		
	<b>MENT</b> : Annual Appointment by Principal Football Coach and Athletic Director	
Approved by:	(Principal)	Date:
	(Principal)	
Reviewed and agreed to by: Da (PRINT – Employee's Name)		Date:

## IRS REGULATIONS REQUIRE A WITHHOLDING RATE OF 28% ON ALL SUPPLEMENTAL PAY AS OF JANUARY 1, 1994.

Reviewed and agreed to by: \_\_\_\_\_ Emp. ID #: \_\_\_\_\_

(Employee's Signature)

Form Number: PER 213.001 New Date: 5/19/14