

Stipend Agreement

HAYWOOD COUNTY SCHOOLS
Coaching Stipend Agreement

I, _____, of my own free will, volunteer my time and service to participate as an athletic coach at _____ school. My time and service in this volunteer capacity are given without promise, expectation or receipt of any form of compensation or other remuneration for this service. I will receive a **nominal stipend** in the amount listed below to offset my actual expenses relating to this volunteer activity.

I understand and agree that my volunteer participation is not being performed in the course and scope of my regular employment with **Haywood County Schools** and that my participation in this activity is not in any way required by the **Haywood County Board of Education**. I acknowledge and agree that my volunteer services do not involve the same or similar type of services I perform as an employee at **Haywood County Schools**.

I further acknowledge and agree that my volunteer services are not closely related to my duties and responsibilities as an employee and that my volunteer services in no way effect my employment with the **Haywood County Schools**.

I understand that my participation as a volunteer may be terminated at any time without cause, and that I may withdraw from participation at any time for any reason and that my withdrawal will not affect my continued employment with the **Haywood County Board of Education**. I further understand that a criminal background check is required

School: _____ School Year: _____

Assignment (Sport)	Years Coaching Experience:	Stipend Amount Schedule (Amount)
_____	_____	_____

Check all of the following that apply: ☐ Boys ☐ Girls ☐ Varsity ☐ JV ☐ Head ☐ Assistant

- STIPEND OPTIONS:
- Stipend may not begin before activity begins
- ☐ Full Stipend in November
- ☐ Full Stipend in February
- ☐ Full Stipend in March
- ☐ Full Stipend in May
- ☐ One-Half Stipend in November and Balance in March
- ☐ Monthly Stipend to begin _____ and continue up to and including May
- ☐ One-Half Payment in November and Balance in February

Superintendent (Designee) _____ Stipend Coach _____

Principal _____ SSN for Employee _____

Date _____

Complete Coaching
Verification Form