



Coaching Verification

This form is for coaching verification for stipend payment salary adjustment. The salary adjustment application and this completed document should be emailed to: supplemental_pmt@scsk12.org

Name: _____ SS#: _____ Phone: _____

Position: _____ School: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Employee Signature: _____

Certificated within MSCS

Required documentation for coaching verification for coaching stipend:

Sports Program	# of Years	Dates (To-From)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificated outside of MSCS

Required documentation for coaching verification for coaching stipend:

- Verification form from **each** school district

ALL previous coaching experience **must** be documented and submitted to the Office of Compensation on an official **Experience Verification Form**, which must be completed by the current or previous employer's **Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**.

The Office of Compensation may request additional documentation, as necessary, to substitute prior experience for the coaching supplement. Coaching stipends will be paid according to the schedule and all required documentation

Sports Program	# of Years	Dates (To-From)
_____	_____	_____
_____	_____	_____

Certificated: Equivalent Experience

Required documentation for prior experience:

- High School and College experience will count toward the years of experience
- Other coaching experience, such as recreation, AAU, or summer leagues, **will not** be counted toward your years of coaching experience

MSCS OFFICE OF COMPENSATION USE ONLY:

Request Approved:

Sport Program: _____ Coaching Years: _____ Stipend Amount: _____

Effective Date: _____ Compensation Analyst: _____

Reason Request Denied:

_____ Coaching Experience was not verified/submitted properly _____ Coaching verification note received

_____ Coaching experience is not from a valid school system or _____ Other reason(s) _____

accredited institution