

Abbreviated Reappointment Form

Part-time: Coaches

Check if Supersede

Form #7a

Revised 9/03 YELLOW ORIGINAL

Employee: _____ Department: Athletics
 Home Address: _____
 Campus title: Assistant Coach Account #: _____ PSR Temp Service
 Budget Title/Salary Level: Lecturer Sport: _____

Check Level	Level	Stipend (plus any negotiated increases)*	FTE	Course Equivalency	Duties
<input type="checkbox"/>	1	\$1,000	.11	.25	Assist w/in-season practices of equivalent as justified and approved.
<input type="checkbox"/>	2	\$2,000	.22	.50	Assist with in-season and non-traditional season practices or equivalent.
<input type="checkbox"/>	3	\$3,000	.33	1.0	Assist with in-season and non-traditional season practices. Assist with conditioning and weight training. Secondary recruiter (calls, mailings, etc.) Or equivalent as approved.
<input type="checkbox"/>	4	\$4,000	.44	2.0	Assist with in-season and non-traditional practices. Conditioning and weight training. Primary recruiter (calls, mailings, visitations). Fund-raising. Or equivalent as approved.
<input type="checkbox"/>	5	\$5,000	.55	2.0+	Same as Level 4, but works with greater numbers/larger teams (NCAA travel party size of over 20).
<input type="checkbox"/>	6	\$6,000	.66	2.0+	In addition to duties listed in Level 4 &/or 5, performs head coaching duties in lieu of head coach when necessary. Or equivalent as approved.
<input type="checkbox"/>	Other				Other – Define:

* Salary: Current plus applicable raise

Appointment Type: Temporary OR Term (must have served 6 consecutive semesters)

Obligation Dates (choose 1):

- Fall Sports, Level 1-3; _____ (First date of pre-season) through 11/15
- Fall Sports, Level 4-6; _____ (First date of pre-season) through 5/15
- Winter Sports, Level 1-3: 10/15 through 3/1
- Winter Sports, Level 4-6: 8/20 through 5/15
- Spring Sports, Level 1-3: _____ (First date of non-traditional season) through 5/15
- Spring Sports, Level 4-6: 8/20 through 5/15

(Signature – Director of Athletics)

(Date)

(Signature – Dean)

(Date)

(To be completed by Business Office)

Λ _____ Biweekly _____ Hourly (Temp Service only) \$ _____

Λ Total Actual Pay \$ _____

Λ Payroll Dates _____ to _____

Payroll Office Verification

By: _____ Date: _____

Human Resources Verification

By: _____ Date: _____ Line #: _____

Business Office Verification

By: _____ Date: _____