HORRY COUNTY SCHOOLS
District Approved Coaching Supplements

School: _____ **Season:** _____

Name of Employee	Employee ID #	Years of Experience	C*	N**	Coaching Assignment	Payment Amount	Coaching Agreement Received	Pay Form

*Certified Employee **Non-Certified Employee
***Years of experience must be accompanied by a verification sheet for experience outside of Horry County.

I verify that these assignments are accurate and in compliance with Horry County Schools and South Carolina High School League requirements.
If exceptions are made, South Carolina High School League approval must be attached.

Recommended: _____Athletic Director _____Date

_____Principal _____Date

_____District Office _____Date