



# Coaching Assignments

Revised: 7/24/07  
 Form Owner: Human Resources  
 Form Location:

[http://www.4j.lane.edu/files/forms/hr/4j\\_hr\\_coaching\\_assignments.doc](http://www.4j.lane.edu/files/forms/hr/4j_hr_coaching_assignments.doc)

## USER INSTRUCTIONS

**Form Purpose:** Use this form to notify Human Resources of Coaching Assignments under Article 5 of the EEA/4J Collective Bargaining Agreement. If a change to an existing assignment is being reported, please document the "old" information in the "comments" section.

**How to Complete this Form:** Fill out this form online. Alternately, print this form and complete it by hand. Please fill out the information as completely as possible using the prompts at the top of each section.

**How to Submit this Form:** Submit this form either electronically or on paper.

**Where to Send this Form:** Email the completed form to [hr@4j.lane.edu](mailto:hr@4j.lane.edu) or submit a hard copy to Human Resources.

**Deadline:** This form is due in the Human Resources office by 5:00 p.m. of the "Field Cutoff" date to meet the respective monthly pay date. Field Cutoff dates vary month by month, and calendars are sent out monthly to notify district personnel of these dates.

## EMPLOYEE INFORMATION – Fill out completely

Last Name	First Name	Employee #	Effective Date of Assignment
Phone	E-mail		<i>Please check all that apply:</i> <input type="checkbox"/> Coached in 4J Previously <input type="checkbox"/> Current 4J Licensed Employee <input type="checkbox"/> Current 4J Classified Employee <input type="checkbox"/> Current 4J Guest Teacher <input type="checkbox"/> Current 4J Classified Substitute
Number of Years of relevant coaching/extra duty experience in the specific sport for salary placement.  _____ years			

## POSITION INFORMATION - Check all that apply

Building	Coaching Assignments			
	Fall Sports (3 mo.)	Winter Sports (3 mo.)	Spring Sports (3 mo.)	Coach 6 (6 mo.)
<input type="checkbox"/> Churchill <input type="checkbox"/> North Eugene <input type="checkbox"/> Sheldon <input type="checkbox"/> South Eugene <input type="checkbox"/> Arts & Tech Academy <input type="checkbox"/> Cal Young <input type="checkbox"/> Kelly <input type="checkbox"/> Kennedy <input type="checkbox"/> Madison <input type="checkbox"/> Monroe <input type="checkbox"/> Roosevelt <input type="checkbox"/> Spencer Butte	<input type="checkbox"/> Football <input type="checkbox"/> Boys Soccer <input type="checkbox"/> Girls Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Cross Country	<input type="checkbox"/> Boys Basketball <input type="checkbox"/> Girls Basketball <input type="checkbox"/> Swimming <input type="checkbox"/> Wrestling	<input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Track <input type="checkbox"/> Boys Tennis <input type="checkbox"/> Girls Tennis	<input type="checkbox"/> Rally <input type="checkbox"/> Rally-Competitive  <input type="checkbox"/> Dance <input type="checkbox"/> Dance-Competitive
	<input type="checkbox"/> Head Coach <input type="checkbox"/> 4 <sup>th</sup> Assistant	<input type="checkbox"/> 1 <sup>st</sup> Assistant <input type="checkbox"/> 5 <sup>th</sup> Assistant	<input type="checkbox"/> 2 <sup>nd</sup> Assistant <input type="checkbox"/> 6 <sup>th</sup> Assistant	<input type="checkbox"/> 3 <sup>rd</sup> Assistant <input type="checkbox"/> 7 <sup>th</sup> Assistant
If increment to be paid is different than Article 5 amount, please specify amount to be paid: _____ %				
<b>FUNDING SOURCE/ACCOUNT INFORMATION (If not part of EEA Article 5 funding)</b>				
<input type="checkbox"/> Building Funds - Account Number: _____				
<input type="checkbox"/> Reimbursable (Club Funds, 899) - Amount to be Billed: _____				

## COMMENTS

## SIGNATURE (if submitted on paper)

_____ Requesting Administrator Signature	_____ Date
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