



ATHLETIC COACH RECOMMENDATION FORM

School Year: _____

Completed by school
[] Coach Recom. Form
[] W-9 (Nominal fee)
[] CSE (Boosters)

Note: Form to be completed by PCS staff only. PLEASE PRINT LEGIBLY.

School Name and Cost Center #: _____

Funding source of payment: _____

[] District Funds (Supplement) [] Internal Funds (Booster) [] Support employee (Nominal Fee)

COACH INFORMATION

Printed Name Last First Middle Initial

Full Social Security Number Phone Number

Email

Sport

Indicate season with an "X" if applicable Fall Spring Summer

Please advise individual that they must complete the following:

- Complete and submit Department of Education application with the \$75.00 credit card payment fee to Florida Educator's Certificate in Athletic coaching K-12, at www.fldoe.org/edcert/apply.asp OR hold current Florida DOE teacher certification. Bring receipt of application payment to fingerprinting appointment.
Upon Human Resources receiving this completed form, an appointment for fingerprinting (\$49.75) and processing will be scheduled with the applicant.

(Initials) I have read the coaching requirements stated above.

Name and title of school representative completing form:

Contact Phone Number:

Applicant's Name (Print) Applicant's signature Date

Principal's Name (Print) Principal's Signature Date

Please provide a copy to the applicant, and return the original completed form to Human Resources Services, Administration Building.