## Abbreviated Reappointment Form

Part-time: Coaches

Check if Supersede

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

* 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)

- □ Biweekly
- □ Hourly (Temp Service only)

$______________________________

- □ Total Actual Pay

$______________________________

- □ Payroll Dates ________________ to ________________

Payroll Office Verification

By: __________________________ Date: ________________

Human Resources Verification

By: __________________________ Date: ________________ Line #: __________________________

Business Office Verification

By: __________________________ Date: ________________