



## Extra-curricular Activities Resignation (supplemental position)

School: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mark One:

\_\_\_\_\_ Paid Coach or Sponsorship Position

\_\_\_\_\_ Volunteer Only

Name of coach or Sponsor resigning (PRINT): \_\_\_\_\_

Munis (if applicable): \_\_\_\_\_

Official date of resignation: \_\_\_\_\_

Name of sport(s)/position(s) resigning from: \_\_\_\_\_

<b><i>Coach or Sponsor Signature/Date</i></b>	<b><i>District Program &amp; Activities Coordinator Signature/Date</i></b>
<b><i>Principal/A.D. Signature/Date</i></b>	<b><i>Human Resources Coordinator (HR) Signature/Date</i></b>

\*Administrator's signature confirms resignation has been accepted by the school.

---

Administrator Only:

Please indicate the percentage of supplement that should be received: \_\_\_\_\_%

Please indicate the amount of supplement that should be received: \$\_\_\_\_\_

Remaining supplement amount (if mid-year) \$\_\_\_\_\_

**\*\*FOR PAID COACHING POSITIONS\*\***  
Please forward to John Miller when complete.