

**SOUTHERN LOCAL SCHOOL DISTRICT
SUPPLEMENTAL FORM**

Date _____

I have completed the required duties as the _____ supplemental position during the _____ school year.

_____ Requisitions/Purchase Orders/Packing slips signed/forwarded to Treasurer

_____ All monies submitted to Treasurer for deposit

Employee Signature

Principal Signature

SOUTHERN ATHLETICS

Coaches' End of Season Checklist

SPORT _____

COACH _____

- _____ 1. Emergency med forms on file
- _____ 2. Pay to play
- _____ 3. CRP/Sports med on file
- _____ 4. All P.O./Requisitions completed
- _____ 5. Athletic handbook signed and returned
- _____ 6. Post season awards completed
- _____ 7. Physicals on file w/AD
- _____ 8. Voting for officials completed
- _____ 9. All equipment/uniforms returned **and** inventoried
- _____ 10. Letter of interest for next season (if interested)

Coach _____

Date _____

Athletic Director _____

Date _____

Principal _____

Date _____