

SANDWICH PUBLIC SCHOOLS
Sandwich, Massachusetts

Coaches & Extra Duty Compensation Contract

Name: _____

School: _____

Date: _____

School Year: _____

This is to notify you that you have been appointed to the position of _____

for the _____ school year at a salary of \$ _____ in the Sandwich School Department.

It is understood that you will agree to fulfill the duties of the position noted above and that payment will be made upon successful completion of all duties associated with this position, with approval by the Principal, and accompanying payment request.

If you accept this appointment, please sign below and return the original to the Superintendent of Schools, Sandwich, Massachusetts. Failure to sign and return this contract will be sufficient cause to assume that the offer has been declined.

Please be aware that if the season is canceled due to unforeseen circumstances (i.e., COVID-19, Act of God) and/or if the minimum number of registrants for the program isn't met, this contract will be null and void. The coach/instructor will be kept informed of any decisions to cancel as soon as the decision is made.

Agreed To:

Permanent Address:

Signature

Street

Social Security Number

Town or City

Phone Number

State & Zip Code

Date

Approved By:

Principal

Superintendent of Schools