Athletic Department Contract for Hiring

Coach's Name:	Coach's phone Ext:	
Team Sponsoring Event:	Date of Request:	
EVENT DETAILS		
Name/Type of Event:		
Date of Event:		
Times of Event: (start to finish)		
Total # of Hours for Event:		
Department Code:		
Project ID Code:		
For Office Use Only		
Athletic Trainer / Student Lifeguard/ (circle of the second state of the second state) # of hours worked: Rate/hour (Include ½ hr for both set up and break)	r \$ Total amount t	
**Accounts Payable (7296) or Payable	roll (719X) or Transfer f	rom Acct #
Department Code:	Project ID Code:	Amount:
Department Code:	Project ID Code:	Amount:
*Track & Field/Wrestling ONLY - # of hours ½ total hours for the event	charged to Fundraising Account	for team athletic trainer should be
**AP (7296) for independent contractors; I employees since hours were submitted on ti	• • •	yees; transfers for hourly
Coach Signature	Date:	
Athletic Trainer Signature	Date:	
Department Chair Approval (ABC)	Date:	