



Request for Coaching Certificate Reimbursement

Emergency Coach: _____ 6-Digit Employee # or Social Security #: _____
 Last First M.I.

E-mail address: _____ Sport coached: _____

Complete this section prior to reimbursement submittal:

Institution	Course Title	Cost Per Course	Completion Date of Course / Certificate Issue Date
National Federation of High Schools	Fundamentals of Coaching	\$ 35.00 (circle one) N/A	/ /
	Care and Prevention of Athletic Injuries OR First Aid for Coaches	\$ 40.00 OR 45.00 (circle one) N/A	/ /
	Teaching Sport Skills OR Fundamentals of Coaching: _____	\$ 50.00 OR 75.00 (circle one) N/A	/ /

***Maximum Reimbursement of \$155.00**

Check location from one of the following high schools (X):

_____ Century _____ Francis Scott Key _____ Liberty _____ Manchester Valley
 _____ South _____ Westminster _____ Winters Mill

- ✓ Complete the fillable parts of the form.
- ✉ e-mail this form to mlduffy@carrollk12.org for pre-approval.
- ✓ Approved form will be returned electronically
- ✓ Upon completion of the coaching certification, finish completing the box above and then submit the complete packet to the Supervisor of Athletics. The following items are required:
 - Request for Coaching Certificate Reimbursement (approved copy with signature)
 - Certificate of Completion from the National Federation of High Schools
 - Individual certificate for each course with completion date
- ✓ Do not send items separately. Incomplete packets will be returned, as this delays the reimbursement process.

Reimbursement requests for coaching certificates completed July 1st through December 31st MUST be received in HR by June 30th of the same *fiscal year*.

Reimbursement requests for coaching certificates completed January 1st through June 30th must be received in HR by October 1st of the same *calendar year*.

Requests received in HR after the appropriate due dates WILL NOT be eligible for reimbursement.

Certificate reimbursement payments are paid bi-weekly, via the employee's direct deposit. Certificate reimbursement will not be taxed nor will it affect W-2 wages for year-end.

Emergency Coach Signature: _____ Date: _____

For Supervisor of Athletics use only
 Pre-Approval Signature: _____ Date: _____

OFFICE USE ONLY

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Total: \$ _____ DHR Approval: _____ Date: _____ Accts Payable: _____