

**MADISON COUNTY SCHOOLS
HUNTSVILLE, ALABAMA**

FOOTBALL SUPPLEMENTAL RESTRICTION FORM

(This form is to be completed by coaches who are involved in spring training)

PRINT NAME: _____

PRINT SCHOOL: _____

COACHING POSITION/S: _____

I understand that leading my team through spring training is part of my duties as Football Coach.

Also, I understand that signing this form will enable the Madison County School System to withhold 20% of my supplement if for some reason I cannot or do not perform these duties.

The principal must have this form signed by the employee at the time the supplemental contract is signed. Please send this form with the supplemental contract.

(Coach)

(Date)

(Principal)

(Date)