Employee No: 1/20/17 CS/

# El Camino Real Charter High School

Athletics Office

### REQUEST FOR ONE PERIOD COACH AUTHORIZATION

EC § 44258.7 (B) allows full-time, permanent or probationary, teacher who holds a credential in a subject other than physical education to coach a competitive sport for which the students receive physical education credit for ONE period a day if the teacher has completed a minimum of 20 clock hours of first aid instruction appropriate to the specific sport.

Kan Ina illa

Teacher Name

(first name_last n	ame): 100 rig	CHITTIE			100111841
Competitive Tea	m Sport Requested: _	Cross Ca	intry		
Period No. (Only one allowed)	Course Number	Grade Level		Course Title	
(0	330909	9-12	Cross	Country FLD, VAN	
	330935	9-12	TRK &	FLD, VAR	
Hold a prepara		a certificated administra credentials obtained ded student teaching est aid instruction appr	via completion of	a BA degree and tea	
TEACHER CONS	ENT TO THE ASSIGN	MENT (Must be comp	pleted by teacher)		
1. Car	ulle King	, agree to	teach the above li	sted courses during	the 2024=2022 fiscal year.
Teacher's Signatu	ure:	le Ju		Date:	8/18/23
EXECUTIVE DIR	ECTOR VERIFICATION	OF REQUEST AND	CONSENT		
Executive Director N	Name (print):				
Executive Director S	Signature:			Date:	

Scan/Email forms to: HR@ecrchs.net

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Teacher Na (first name_last na		ERIC		Employee No:	110715791
Competitive Tear	m Sport Requested:	Girls Soci	ier		
Period No. (Only one allowed)	Course Number	Grade Level		Course Title	
6	330 925	9-12	Girls	Soccer	
	330915	9-12	Boys	Golf	
Hold a v prepara	O <sub>2</sub>	y a certificated administra g credentials obtained ded student teaching first aid instruction app	via completion of a Baropriate to the sport	A degree and tea	
TEACHER CONS	ENT TO THE ASSIGN	MENT (Must be comp	pleted by teacher)		
I, Eric	(print name – first name, last	, agree to	teach the above listed		フのお・アのレー the 2 <del>021=202</del> 2 fiscal year.
	ECTOR VERIFICATIO			Date. <u>-</u>	
Executive Director N	Name (print):				
Executive Director S	Signature:		***************************************	Date:	
	Scan	/Email forms to: HR@	Decrchs.net		

221208901

Employee No:

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Lee Azyssa

**Teacher Name** 

(first name\_last name):

Competitive Tea	m Sport Requested: _	GIRIS/BOYS/	BEACH VOLLEY BALL
Period No. (Only one allowed)	Course Number	Grade Level	Course Title
6	330943	9-12	OIRLS VOLLEYBALL
	330939	9-12	BOYS YOUEYBALL
	330941	9-12	BEACH VOUEYBALL
Hold a prepara     Comple  Administrator's Name	valid California teaching ation program that incluse ted 20 clock hours of fine (print):	y a certificated administry g credentials obtained ded student teaching rst aid instruction app	I via completion of a BA degree and teacher
TEACHER CONS	SENT TO THE ASSIGN	MENT (Must be com,	pleted by teacher)
	(print name A first name, last		teach the above listed courses during the 2024-2022 fiscal year.  Date: 8 22 2023
	ECTOR VERIFICATION		
Executive Director S	Signature:		Date:

Scan/Email forms to: HR@ecrchs.net

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Teacher N (first name_last		T		Employee No:	220721691
Competitive Tea	am Sport Requested: _	CHEER			
Period No. (Only one allowed)	Course Number	Grade Level		Course Title	
Le	330513	9-12	AUX	diteer	
Hold a prepar     Comp	Certification of Requirer be completed and signed by a valid California teaching ration program that included the completed 20 clock hours of firms (print): CAMP anature:	a certificated administration of the certificated administration of the certificated administration approach to the certificated administration approach t	via completion of a	a BA degree and tea	
I, Johan Teacher's Signat	(print name - first name, last	, agree to	a region control control of the cont		503-24 the $2021-2022$ -fiscal year $8/22/23$
	RECTOR VERIFICATION				
Executive Director	Signature:			Date:	

Scan/Email forms to: HR@ecrchs.net

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Teacher Name (first name_last name):	SABOLIC	, JAson		Employee No:	110208801
Competitive Team Sp	ort Requested: _	Footbal	1		
Period No. (Only one allowed)	Course Number	Grade Level		Course Title	
6 330	913   330914	9-12	Footb	all - JV/	Var.
preparation	pleted and signed by California teaching program that include Colock hours of fire		via completion of a	a BA degree and tea	
TEACHER CONSENT  I, JaSou  (print  Teacher's Signature: 2	name first name, last r	agree to t		sted courses during Date:	2013-2014 the 2021-2022 fiscal year 8/17/23
EXECUTIVE DIRECTO	OR VERIFICATION	OF REQUEST AND	CONSENT		
Executive Director Name	(print):				
Executive Director Signat	ure:	×		Date:	

170504711

Employee No:

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CAMP JASON

Teacher Name

(first name\_last name):

Period No. (Only one allowed)	Course Number	Grade Level	Course Title
4	330409	9-12	WATER POLO
	330403	9-12	AQUATICS
Hold a prepara     Comple	e completed and signed by valid California teaching ation program that inclu eted 20 clock hours of fi	a certificated administra g credentials obtained ded student teaching rst aid instruction appr	via completion of a BA degree and teacher
	SENT TO THE ASSIGN		-
	(print name – first name, last	name), agree to	teach the above listed courses during the 2021-2022 fiscal y
acher's Signati	ure:	san Camp	Date:
ECUTIVE DIR	ECTOR VERIFICATION	N OF REQUEST AND	CONSENT
ecutive Director	Name (print):		
cutive Director S	Signature:		Date:
		Email forms to: HR@	