



COMMUNITY/LAY COACH REPORTING FORM

Phone: 706-826-1000 FAX: 706-826-4632

Today's Date: _____

Paid: _____ Volunteer: _____

New _____ Existing _____		COACH INFORMATION	
Last Name		First	MI
Position/Role:		Location:	
Social Security Number:	Start Date:	End Date:	Rate of Pay:
Date of Birth:	Race:		Sex:
Address:			
Email:			
Phone:			
Is this person an TRS/ERS Retiree? Yes/No _____ If yes: Have they reported to HR: Yes/No _____			

Emergency Contact:
Name:
Relationship:
Phone:

Human Resources Only	
___ GCIC cleared	
___ Fingerprints Cleared	
___ I-9 Form (2 forms of ID)	
___ Tax forms (W4, G4)	
___ Direct Deposit (Voided Check or routing information)	
___ Employee Number _____	
___ TRS/ERS Retiree _____	
HR Associate	Date:
CPI: 495	

X
Community/Lay Coach Signature/Date

X
Principal/System Athletic Director Signature...

X
HR Coordinator/Designee Signature/Date