



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	
		M I	
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	
___ 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 Name/Date

X _____
Principal/System Athletic Director/Date

X _____
Human Resources Coordinator/Designee