



COMMUNITY/LAY COACH REPORTING FORM

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

Today's Date: _____

Paid: _____	Volunteer: _____
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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