



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
<input type="checkbox"/> GCIC cleared
<input type="checkbox"/> I-9 Form (2 forms of ID)
<input type="checkbox"/> Tax forms (W4, G4)
<input type="checkbox"/> Direct Deposit (Voided Check or routing information)
<input type="checkbox"/> Employee Number _____
<input type="checkbox"/> 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