



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
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Position/Role: _____ Location Date of Birth: _____

	Race:	Sex:
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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/SystemX