

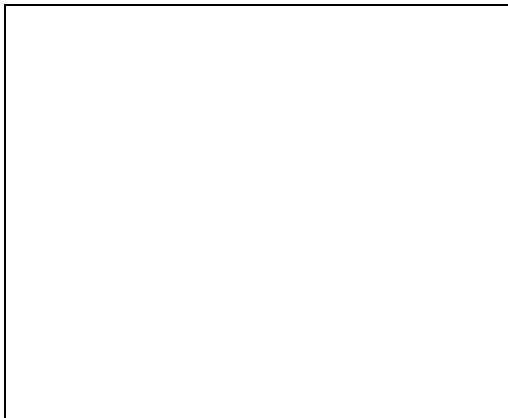
# COMMUNITY/LAY COACH REPORTING FORM

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

7 R G D \ 1 \ V ' D W H \_\_\_\_\_

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:



X

Community/Lay Coach Name/Date

X

Principal/System

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