PROCEDURE FOR BECOMING A COMMUNITY COACH

Community Coaches are governed by Polk School District Policy IFC.

The Polk School District Board of Education authorizes the School District’s participation in the Community Coach program as adopted by the Georgia High School Association (GHSA). The Community Coaches program shall be operated in full compliance with rules and regulations of the GHSA and Polk School District.

The Polk School District will use the following priority in hiring coaches:
1. Certified employees of the local system
2. Retired former certificated coaches
3. Community coaches will be used when certificated employees and retired former coaches are not available

Community coaches will not serve as the head coach of any sport.

Community coaches must always be under the direct supervision of a certificated coach of Polk School District.

The community coach must take and pass examinations furnished by GHSA that includes but is not limited to:
   a. Complete Application (to include reference checks)
   b. PREPARE/First Aid
   c. Principles For Coaching
   d. GHSA Rules and Regulations
   e. Sport Specific Rules

Community coaches must sign a Hold Harmless agreement with Polk School District agreeing to Hold Harmless the members of the Polk School District Board of Education and any of its employees in the event of an injury the coach might sustain while carrying out the conditions of his contract.

All fees associated with the registration, courses, and testing program for community coaches approved by the Board of Education shall be paid by the school for which they coach. The school principal is authorized to require that the community coach seeking certification reimburse the School for fees paid.

In selecting a community coach the following will be considered:
   a. Coaching experience
   b. Participation in sports
   c. Education background
   d. Philosophy of coaching
   e. Knowledge of sport
   f. References

The community coach will be hired upon completion of a Criminal Background check and recommendation of the Superintendent and the approval of the Board of Education. The community coach shall not serve as a community coach until all requirements have been completed and approved by the Polk School District Board of Education. The position of community coach shall be a temporary position and must be approved annually.

The community coach shall serve at the pleasure of the Board of Education.
COMMUNITY COACH CHECKLIST

Be sure to allow sufficient time to complete all requirements prior to your season. Background checks often take a week to complete and the mandatory courses from GHSA are offered on a set schedule that has registration deadlines that must be met.

- Complete the Polk School District Community Coach Application
- Complete the Polk School District Hold Harmless Form
- Complete the (GCIC) Background Consent form and take it to the Polk School District Board of Education Office. You will also be required to complete the (NCIC) Fingerprinting process at the Board Office. Please see the fingerprinting instruction sheet for additional information.
- If the criminal background check is cleared, complete the GHSA form for Community Coaches. The completed form must be signed by the Principal and mailed to GHSA with a school check. After GHSA has received the Community Coach form and fee, the community coach applicant may register for the "PREPARE/First Aid" course (4-hour class) and a "Principles for Coaching" course (8-hour class). Please not miss deadlines for registering for classes. Community coach applicants aren't eligible to coach until the PREPARE/First Aid course and Principles for Coach course have been successfully completed.
- Complete the new hire paperwork. A copy of your Social Security Card is required for Payroll.

The community coach class schedule is on the GHSA website.

Bring a copy of your certificates of completion for the two (2) exams to the school. This must be completed BEFORE a community coach is allowed to assume any coaching duties.

Upon completion of the background check and the two GHSA courses, the head coach must submit in writing to the Principal a request that the community coach be approved by the Polk School District Board of Education. The head coach must also indicate if the community coach is going to be paid and the source of funds.

Each year community coaches must complete a background check and be approved by the Polk School District Board of Education.
COMMUNITY COACH APPLICATION
APPLICANTS MUST BE 21 YEARS OF AGE OR OLDER

NAME OF SCHOOL TO WHICH YOU ARE APPLYING: ____________________________

NAME: ____________________________ SSN: ____________________________

ADDRESS: ____________________________ TELEPHONE NUMBER: ____________________________

CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________ DATE OF BIRTH: ____________________________

DO YOU HOLD A COLLEGE DEGREE? _______ MAJOR ____________ MINOR ____________

WHICH SPORT(S) WOULD YOU LIKE TO COACH, AND AT WHAT LEVEL? ____________________________

LIST YOUR CURRENT EMPLOYMENT STATUS:

EMPLOYER: ____________________________ TELEPHONE NUMBER: ____________________________

SUPERVISOR’S NAME: ____________________________ DATES OF EMPLOYMENT: ____________________________

DESCRIBE JOB RESPONSIBILITY: ____________________________

LIST THREE (3) REFERENCES WHO CAN ATTEST TO YOUR CHARACTER, ABILITY TO ASSIST IN THE SPORTS LISTED ABOVE AND ASSURANCE THAT YOU WILL BE A POSITIVE ROLE MODEL FOR SCHOOL AGE STUDENTS.

1. NAME: ____________________________ POSITION/TITLE: ____________________________ TELEPHONE: ____________________________

   ADDRESS: ____________________________ CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

2. NAME: ____________________________ POSITION/TITLE: ____________________________ TELEPHONE: ____________________________

   ADDRESS: ____________________________ CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

3. NAME: ____________________________ POSITION/TITLE: ____________________________ TELEPHONE: ____________________________

   ADDRESS: ____________________________ CITY: ____________________________ STATE: ____________________________ ZIP: ____________________________

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, PLED NOLO CONTENDERE, OR ENTERED A PLEA OF FIRST OFFENDER TO ANY CRIMINAL OFFENSE, EXCLUDING MINOR TRAFFIC OFFENSES? (DUI, DWI AND/OR POSSESSION OR DISTRIBUTION OF ILLEGAL DRUGS MUST BE REPORTED. EXCLUDE EVENTS THAT OCCURRED WHEN YOU WERE A MINOR UNLESS YOU WERE PROSECUTED AS AN ADULT.) YES ______ NO ______ IF YES, EXPLAIN ON BACK OF FORM

ARE YOU NOW UNDER INVESTIGATION FOR ANY CRIMINAL OFFENSE? YES ______ NO ______ IF YES, COMPLETE THE NEXT SECTION BELOW

<table>
<thead>
<tr>
<th>TYPE OF OFFENSE</th>
<th>DATE</th>
<th>NAME OF LAW ENFORCEMENT AUTHORITY</th>
<th>DISPOSITION (OUTCOME)</th>
</tr>
</thead>
</table>

APPLICANT SIGNATURE ____________________________ DATE ____________________________

PRINCIPAL’S SIGNATURE ____________________________ DATE ____________________________
COMMUNITY COACH / VOLUNTEER
HOLD HARMLESS AGREEMENT

Name: ____________________________ School: ____________________________

Address: ____________________________ Sport/Area Serving: ____________________________

Telephone: ____________________________

For and in consideration of permitting ____________________________ to participate as a Community Coach/Volunteer, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby voluntarily release, cancel, forgive and forever discharge, waive and relinquish the Polk School District, their boards members, officers, employees and agents from any and all actions, claims, demands, damages, actions, causes of action, whether Federal or State, or suits at law or in equity, obligations, liabilities, controversies and executions, of any kind or nature whatsoever, whether known or unknown, whether suspected or not, which have arisen, or may have arisen, or shall arise, prior to and including after the date hereof, by reason of any injury, property damage or wrongful death while participating as a Community Coach/Volunteer, whether the same shall arise by the negligent act or omissions of anyone, including employees of Polk School District, students, other chaperones or anyone not involved in said field trip.

IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE POLK SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS AND BOARD MEMBERS, WITHOUT RESTRICTION, FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY ANY NEGLIGENCE BY ANYONE AT ANYTIME AS A RESULT OF ME BEING A COMMUNITY COACH/VOLUNTEER.

The undersigned, for myself, my heirs, executors, administrators and assigns, agree that in the event any claim whatsoever for personal injury, property damage or wrongful death shall be prosecuted against the Polk School District its officers, board members, employees, agents and servants, we shall forever indemnify and hold the entities and persons released hereunder from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damages or wrongful death.

The undersigned's signature denotes that he/she has read the foregoing agreement and having had an opportunity to seek legal advice and is fully aware of the consequences of signing this instrument and the potential dangers of engaging as a chaperone in the field trip activities.

_____________________________  ____________________________
Signature of Community Coach/Volunteer  Date

_____________________________  ____________________________
Signature of School Principal  Date
**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize [Agency/Company] to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

<table>
<thead>
<tr>
<th>Full Name (print)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Physical)</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Race</td>
</tr>
</tbody>
</table>

Signature ___________________________ Date ___________________________

Date of Inquiry: ___________ Time of Inquiry: ___________ Operator's Initials: ___________

**Purpose Code Used:** (check one)

**NON-CRIMINAL JUSTICE PURPOSES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Employment</td>
</tr>
<tr>
<td>M</td>
<td>Working with Mentally Disabled</td>
</tr>
<tr>
<td>N</td>
<td>Working with Elderly</td>
</tr>
<tr>
<td>W</td>
<td>Working with Children</td>
</tr>
<tr>
<td>P</td>
<td>Public Records (no consent required)</td>
</tr>
</tbody>
</table>

**PERSONAL REQUEST (INDIVIDUAL)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Personal Copy</td>
</tr>
</tbody>
</table>

**CRIMINAL JUSTICE EMPLOYMENT**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>Civilian Criminal Justice Employment (State &amp; III Info Received)</td>
</tr>
<tr>
<td>Z</td>
<td>Sworn Criminal Justice Employment (State &amp; III Info Received)</td>
</tr>
</tbody>
</table>

The inquiry resulted in the following: (check all that apply)

- [ ] No Criminal Record Available
- [ ] Criminal Record (Attached/Released)
- [ ] No NCIC/GCIC Warrant
- [ ] Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: ____________________________________________

Wanting Agency Telephone: ________________________________________

Agency Designee Signature and Title ________________________________

Revised March 2019
GCIC/NCIC Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

GCIC/NCIC Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights that are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).
Criminal Background – Fingerprinting Instructions
(NCIC)

- All fingerprinting will be conducted through the Human Resources Office

- The cost of fingerprinting is $45.00 – **Cash Only** – **Exact change is required**

- The hours for fingerprinting are:
  
  - **Monday – Thursday**  8:30 - 11:30 a.m. and 1:30 - 4:30 p.m.
  - **Fridays**             8:30 - 11:30 a.m. and 1:30 - 3:30 p.m.

(Please call to verify availability of service)
## Section 1. Employee Information and Attestation

**Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):* ______________________

- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ______________________
  
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

  - [ ] 1. Alien Registration Number/USCIS Number: ______________________
  - [ ] 2. Form I-94 Admission Number: ______________________
  - [ ] 3. Foreign Passport Number: ______________________

  Country of Issuance: ______________________

Signature of Employee: ______________________

Today’s Date (mm/dd/yyyy): ______________________

## Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ______________________

Today’s Date (mm/dd/yyyy): ______________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information**

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ____________ ____________ (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |

Form I-9 10/21/2019  Page 2 of 3
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
STATE OF GEORGIA  
COUNTY OF POLK

I, _______________________, a citizen of __________________________ (country), and being an employee of the Polk School District Board of Education and the recipient of public funds for services rendered as such employee, do hereby swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

_________________________  __________________________
Signature of Employee        Date

Required by the Official Code of Georgia Annotated 45-3-11
STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME
1b. YOUR SOCIAL SECURITY NUMBER

2a. HOME ADDRESS (Number, Street, or Rural Route) 2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8

3. MARITAL STATUS
   (If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)
   A. Single: Enter 0 or 1.................................[ ]
   B. Married Filing Joint, both spouses working:
       Enter 0 or 1 .........................................[ ]
   C. Married Filing Joint, one spouse working:
       Enter 0 or 1 .........................................[ ]
   D. Married Filing Separate:
       Enter 0 or 1 .........................................[ ]
   E. Head of Household:
       Enter 0 or 1 .........................................[ ]

4. DEPENDENT ALLOWANCES

5. ADDITIONAL ALLOWANCES
   (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING $__________

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES
(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
   Yourself: ☐ Age 65 or over ☐ Blind
   Spouse: ☐ Age 65 or over ☐ Blind
   Number of boxes checked ______ x 1300....................$__________

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
   A. Federal Estimated Itemized Deductions (If Itemizing Deductions)..........................$__________
   B. Georgia Standard Deduction (enter one): Single/Head of Household $4,600
       Each Spouse $3,000
       $__________
   C. Subtract Line B from Line A (If zero or less, enter zero).............................................$__________
   D. Allowable Deductions to Federal Adjusted Gross Income.............................................$__________
   E. Add the Amounts on Lines 1, 2C, and 2D.................................................................$__________
   F. Estimate of Taxable Income not Subject to Withholding .............................................$__________
   G. Subtract Line F from Line E (if zero or less, stop here).............................................$__________
   H. Divide the Amount on Line G by $3,000. Enter total here and on Line 5 above..............$__________
   (This is the maximum number of additional allowances you can claim. If the remainder is over $1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) TOTAL ALLOWANCES (Total of Lines 3 - 5)__________
   (Employer. The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.
   a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to
      have a Georgia income tax liability this year. Check here ☐
   b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers
      Civil Relief Act as provided on page 2. My state of residence is ___________________________. My spouse's (servicemember) state
      of residence is ___________________________. The states of residence must be the same to be exempt. Check here ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status
claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature ___________________________ Date ____________

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.
If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345

9. EMPLOYER'S NAME AND ADDRESS: ___________________________ 
   EMPLOYER'S FEIN: ___________________________ 
   EMPLOYER'S WH#: ___________________________

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms
claiming exempt if numbers are written on Lines 3 - 7. 
INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.
   A. Single — enter 1 if you are claiming yourself
   B. Married Filing Joint, both spouses working — enter 1 if you claim yourself
   C. Married Filing Joint, one spouse working — enter 1 if you claim yourself or 2 if you claim yourself and your spouse
   D. Married Filing Separate — enter 1 if you claim yourself
   E. Head of Household — enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:
   a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, and you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

   EXAMPLES: Your employer withheld $500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was $100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you do not qualify to claim exempt.

   Your employer withheld $500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was $0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you qualify to claim exempt.

   b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
      1. The servicemember is present in Georgia in compliance with military orders;
      2. The spouse is in Georgia solely to be with the servicemember;
      3. The servicemember maintains domicile in another state; and
      4. The domicile of the spouse is the same as the domicile of the servicemember or the spouse of the servicemember has elected to use the same residence for purposes of taxation as the servicemember.

   Additional information for employers regarding the Military Spouses Residency Relief Act:
      1. On the W-2 the employer should not report any of the wages as Georgia wages.
      2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

**Worksheet for calculating additional allowances.** Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

**Do not complete Lines 3-7 if claiming exempt.**

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.
### Employee’s Withholding Certificate

- Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- Give Form W-4 to your employer.
- Your withholding is subject to review by the IRS.

#### 2020

**Step 1: Enter Personal Information**

- **(a)** First name and middle initial
- **(b)** Last name
- **(c)** Social security number

- **Address**
- **City or town, state, and ZIP code**
- **(d) Single or Married filing separately**
- **(e) Married filing jointly (or Qualifying widow(er))**
- **(f) Head of household (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)**

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

#### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- **(a)** Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
- **(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- **(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

#### Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

#### Step 3: Claim Dependents

- If your income will be $200,000 or less ($400,000 or less if married filing jointly):
  - Multiply the number of qualifying children under age 17 by $2,000
  - Multiply the number of other dependents by $500

- Add the amounts above and enter the total here

**Step 4 (optional): Other Adjustments**

- **(b)** Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

- **Employee’s signature** (This form is not valid unless you sign it.)
- **Date**

- **Employers Only**
  - Employer’s name and address
  - First date of employment
  - Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 15 of your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet

(Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ ________________

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ ________________

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ ________________

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c $ ________________

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3 ____________________

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4 $ ________________

Step 4(b)—Deductions Worksheet

(Keep for your records.)

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SF)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1 $ ________________

2 Enter:
   • $24,800 if you’re married filing jointly or qualifying widow(er)
   • $18,650 if you’re head of household
   • $12,400 if you’re single or married filing separately

   2 $ ________________

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”.

   3 $ ________________

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SF)). See Pub. 505 for more information.

   4 $ ________________

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $ ________________

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the Instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
## Married Filing Jointly or Qualifying Widow(er)

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<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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## Single or Married Filing Separately

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<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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## Head of Household

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<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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PROCESS FOR BECOMING A COMMUNITY COACH  
(SCHOOL YEAR 2020-2021)

PROSPECTIVE COACH INFORMATION

**NEW RULE:**

The GHSA requires that all community coaches attend the “PREPARE/First Aid” and the “Principles for Coaching” classes and complete the exams within 60 days of their class date. Prospective coaches are not allowed to coach until after both classes are attended and both exams have been successfully completed. Coaching before you are certified subjects your school to a fine.

---

DO NOT CALL THE GHSA OFFICE REQUESTING FORMS, SCHEDULE CHANGES, GHSA PASSES, ETC. The GHSA office respectfully requests that all communications be between the school and the GHSA office. Please go to your school Athletic Director with any questions.

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- All community coaches are required to meet all policies and regulations in accordance with the GHSA Constitution and By-Laws. The GHSA strongly recommends all community coach prospects be 21 years of age or older.

- Upon agreement with the school Principal, an online registration form is to be filed on your behalf. The school will register you for the course by completing the registration form on the GHSA online registration program. Proper payment of fees (a school check or money order) must be in the GHSA office within two weeks of registration. A background check is required and MUST be completed **before** the application is submitted online to the GHSA office. This background check is the school’s responsibility and must adhere to their policies.

- After the registration application is processed online, your school Athletic Director will be able to see you are registered for the course online at the registration site. An automatic email will be sent to you and your school when your registration is processed. This email will have the class date and location you are scheduled to attend. Be sure your registration has your correct email address. We use this as a primary source of communication. You are not permitted to enter either class without your name being on the class roster. The program consists of a “PREPARE/First Aid” course (4-hour class) and a “Principles for Coaching” course (8-hour class).

- You can find the “Directions to Classes” and “Process for Becoming a Community Coach” information on the GHSA website – [www.ghsa.net](http://www.ghsa.net). Click on Coaches/AD and then click on Lay Coach Certification.
- All GHSA CEP registration forms must be complete and submitted online to the GHSA office before the close of business on the deadline date. **The registration program will not accept any registrations after the registration deadline date.**

- Any changes to your class schedule must be done with the approval of the school Principal or Athletic Director and submitted to the GHSA, in writing, by the school Principal or Athletic Director. **Please do not call the GHSA office requesting a change in your schedule. This MUST BE DONE through the school.**

- Your course registration will be entered online by your school Athletic Director. Please be sure you provide correct information including an email address that you check regularly. Please be sure the email address on your registration is correct. We use this as a primary source of communication.

- When your online registration is processed you will automatically be sent an email confirming your scheduled class dates and locations. If you do not receive this email, please contact your school AD if you are unsure of your class dates or locations.

- **Do not go to a class you are not scheduled to attend. This could subject your school to a fine.**

- You must arrive on time for your scheduled classes. If you arrive 15 or more minutes late for your scheduled class you will not be allowed into the class. You will have to reschedule to take a class in the next class offering. The reschedule request must come, in writing, from your school Athletic Director or school Principal.

- Class attendance and a passing grade of 80% or more is required on the two (2) exams **BEFORE you are allowed to assume any coaching duties.** A school allowing a community coach to coach before this time is subject to a fine and other penalties.

- When you log into the NCSS website to take the online PREPARE/First Aid exam you will be asked for your name, etc. to set up your exam. PLEASE be sure you use the same name that is on your registration form. This is how I track test scores and if you use a different name (nickname, middle name, etc.) then I may have trouble tracking your test score. This will cause a delay in notifying your school of your certification.

- For completing the "Principles for Coaching" online exam, follow the instructions given to you at the class. If you do not pass the examination, you and the school will receive notification. After the GHSA office receives the re-testing fee of $25 (school system check or money order ONLY) the re-take exam can be taken online. At that time, an email notification will be sent to you indicating access to the online exam. You are required to retake the exam until a passing grade is achieved.
Follow the instructions from NCSS given to you at the class for the PREPARE/First Aid online exam. If you have any problems completing this online exam, please contact NCSS using the number at the bottom of the instruction form. When you have successfully completed the "NCSS PREPARE/First Aid" exam online you will be able to print a certificate of completion. You should provide your school a copy of this certificate for their files. Your original certificate should be kept for future reference in the event you change schools or sports activities.

When you successfully complete the GHSA "Principles for Coaching" can print their certificate after successfully completing the exam. You should provide your school a copy of this certificate for their files. Your original certificate should be kept for future reference in the event you change schools or sports activities.

You should have ample time to attend your course classes and complete both exams before you are needed to coach. Please remember the 60-day time limit. If you do not attend both of your scheduled classes or complete both exams within 60 days, then you will be disqualified from coaching and will have to re-register and pay the course fees to complete your certification.

HIGH SCHOOLS ONLY: After you have become certified to coach, the school Athletic Director or Principal is responsible for updating the online school staff roster and adding your name as a community coach for the school. In order to receive your pass, be sure your school submits this information to the GHSA office. DO NOT call the GHSA office regarding your pass. As always with any questions, please check with your school Athletic Director.

You MUST complete a regular GHSA Rules Clinic in the sport(s) they coach as required of others on the staff, or the school will be fined. At the time of course completion, if a rules clinic for the sport you coach is available then you must complete the clinic to avoid a fine. If a rules clinic for the sport you coach is not available, then you will not be fined. You may still be able to review the clinic though and it would be to your benefit to do so.

Special attention must be paid to rules dealing with out of season coaching and illegal practices.

You may not assume coaching duties until fully certified.

No person who has coached a non-GHSA team in a sport or activity within the previous twelve (12) months may be hired or utilized by a GHSA member school in that same sport or activity IF any of that GHSA school’s players participated on the non-GHSA team that person coached.

Community coaches may coach for only one board of education annually, regardless of whether or not they are paid for their services.
Community coaches may not coach the same sport at more than one school even if there are multiple schools in the system.

Please do not contact the GHSA about a GHSA pass. Speak to your school Athletic Director about this.