



# Assistant Coach Payroll Form

New      Rehire

### EMPLOYEE PROFILE

Name: \_\_\_\_\_ Preferred Greeting \_\_\_\_\_ Name: \_\_\_\_\_ GC ID #: \_\_\_\_\_  
Dept: \_\_\_\_\_ Bldg: \_\_\_\_\_ Room #: \_\_\_\_\_ Ext: \_\_\_\_\_

### POSITION AND WAGE INFORMATION

\_\_\_\_ Hours/Week (up to 29)    \_\_\_\_ # of months (up to 10)    Start: \_\_\_\_\_    End: \_\_\_\_\_

Position Title: **Assistant Coach -** \_\_\_\_\_    Stipend Amt: \_\_\_\_\_

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Effective Date: \_\_\_\_\_    Acct #: \_\_\_\_\_    Total Pay: \_\_\_\_\_

Classification: \_\_\_\_\_    Category/Rank: \_\_\_\_\_

Supervisor: \_\_\_\_\_    ID Number: \_\_\_\_\_

### COMMENTS/ADDITIONAL INFORMATION

### SIGNATURES

Employee: \_\_\_\_\_    Date \_\_\_\_\_

Supervisor: \_\_\_\_\_    Date \_\_\_\_\_

HR: \_\_\_\_\_    Date \_\_\_\_\_