

GEORGIA HIGH SCHOOL ASSOCIATION  
P.O. BOX 271  
THOMASTON, GEORGIA 30286  
706-647-7473  
Fax: 706-647-2638

**REQUEST TO COACH**  
**For Certificated Teacher on Leave under Family Medical Leave Act**  
**GHSA By-Law #2.51 (e)**

School: \_\_\_\_\_ submits the following information on a coach granted leave under the "Family Medical Leave Act" and/or the "Georgia Teacher Maternity Leave of Absence" who will continue coaching for our school.

NAME OF COACH: \_\_\_\_\_

Home Address of Coach: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (to contact coach): \_\_\_\_\_

Sport(s) Coaching At Time of Request: \_\_\_\_\_  
\_\_\_\_\_

Coaching/Work History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Extended Leave: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Principal

\_\_\_\_\_  
Signature - Coach