

GEORGIA HIGH SCHOOL ASSOCIATION
151 SOUTH BETHEL STREET
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