

# GAME MANAGEMENT PROCESSING CHECKLIST

COMPLETE THE FOLLOWING DOCUMENTS AND ATTACH THEM TO THIS CHECK LIST.

Name: \_\_\_\_\_

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

Position: (check one)

18 years or older?  Yes  No

Elementary Boys Basketball with \_\_\_\_\_  
(Name of Coach)

Elementary Girls Basketball with \_\_\_\_\_  
(Name of Coach)

Athletic Department Game Worker with Athletic Director - Circle which Sports:

Athletic Trainer    Football    Soccer    Tennis    Volleyball    Basketball    Wrestling    Softball    Baseball    Track/CC    Swim

Camp or Clinic Worker with Coach \_\_\_\_\_ for the following circled sports:

Athletic Trainer    Football    Soccer    Tennis    Volleyball    Basketball    Wrestling    Softball    Baseball    Track/CC    Swim

*Office Use Only:*

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Personal Data Sheet	_____	_____			
Criminal Record Check Form	_____	_____	Run ICHAT	_____	
Conviction Disclosure Form	_____	_____	At Will Letter	_____	
Acknowledgement of New Employment	_____	_____			
Employment Eligibility Verification I-9 Form	_____	_____			
W – 4 Federal Withholding Form	_____	_____			
W – 4 State of Michigan Withholding Form	_____	_____			
Direct Deposit Authorization	_____	_____			
Retirement Plan Acknowledgement Form <i>(Only applicable to those 19 years of age and older)</i>	_____	_____			
Indemnification Retiree Form <i>(Only needs to be filled out if you have retired from a Michigan Public School District)</i>	_____	_____			
Work Permit <i>(Only applicable to those 17 years of age and younger – complete pink form if under 16, the yellow form if 16 or 17)</i>	_____	_____			
Copy of Driver's License or Student ID	_____	_____			
Copy of Social Security Card	_____	_____			

Athletic Director Authorization: \_\_\_\_\_