

Paraprofessional Coaching Checklist

Date: _____

Name: _____

Email: _____

Phone: _____

School: _____

Sport: _____

To receive payment for your work as a coach the following are **REQUIRED**:

- ☐ Fingerprints/Badge Date:
- ☐ Completion of entire packet
- ☐ Fundamentals of Coaching/AACCA Certification
- ☐ CPR/1st Aid
- ☐ Concussion Training
- ☐ REGISTER MY COACH profile

By signing below I understand that I will not be paid until I provide the district with proof of all six items above.

Applicant Signature: _____ Date: _____

Coaching Packet: Completion of the coaching packet requires the following items:

- Employee Information Forms
- W-4 Form
- Direct Deposit Form
- Fingerprinting Form
- I-9 Form
 - I-9 requires 2 separate forms of legal identification. Most often your Driver License and Social Security card. You can look at the back of the I-9 form to see what other forms of ID meet the requirements.

Fundamentals of Coaching/AACCA Certification: All sport coaches are required to take the "Fundamentals of Coaching Course" found on the NFHS website. All Cheer/Drill coaches are required to take the "AACCA" certification. The district will provide you with an electronic study manual containing a code to be able to take the test online, so there will be no cost to you. Please talk to Jo Jolley's Assistant in Human Resources for them to issue you the manual electronically, you can contact them at 801-826-5354. Human Resources is located at 9361 S 300 E, Sandy, UT 84070.

Fingerprints: All new coaches must complete fingerprinting before they are allowed to work with any students. Fingerprinting is free for all Canyons District Coaches, and is done in the Human Resources Department at 9361 S 300 E, Sandy, UT 84070. You may call the main number for HR at 801-826-5500.

CPR/1st Aid: Certification can be completed a number of ways. You can complete the courses on your own, through the Red Cross, or with Canyons District. Contact your High School to find out when they are offering the courses. We will need to take a copy of your cards.



DEPARTMENT OF HUMAN RESOURCES
9361 South 300 East Sandy, Utah 84070-2998
Phone (801) 826-5500 Fax (801) 826-5374

PERSONNEL INFORMATION

Name: _____
(Last) (First) (Middle) (Former Name)

Address: _____
(Address) (City) (State) (Zip)

Telephone: () - () - Social Security: ### - ## -
(Home) (Cell) (Last 4 Digits)

Date of Birth: _____
(MM/DD/YYYY)

Have you retired from the Utah State Retirement System? ☐ Yes ☐ No

Are you married? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____

Telephone: () - _____

Relationship: _____

Where did you learn of this employment opportunity with Canyons School District?

☐ Workforce Services

☐ Employee Referral _____
(Employee Name)

☐ Vidcruiter

☐ CSD School _____
(School Name)

☐ Canyonsdistrict.org

☐ Career Center Handshake _____
(University/College)

☐ Other _____
(Please List Source)

☐ Career Fair _____
(List Career Fair)

Employee Signature: _____ Date: _____



Name: _____ **Date:** _____

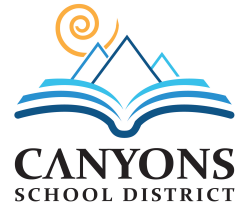
 Last First Middle

Rev. 11/15/2019

Direct Deposit Authorization

This Request Supersedes All Previous Requests for

Primary Account ☐ Secondary Account ☐ (Please check)



Your payroll earnings will be deposited into your primary account. You may request an additional direct deposit that is an exact dollar amount to a different financial institution. On or around the 15th of the month, a pre-note will be sent to your financial institution to verify the routing and account numbers. If verified, your wages on the following pay day will be deposited into your account.

I hereby authorize Canyons School District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and debit the same entries to such account. This authorization is to remain in full force and effect until Canyons School District has received written notification from me terminating direct deposit, at such time and in such manner as to afford the district a reasonable time to act. I realize that I am responsible to notify Canyons School District when changes are made regarding my account.

Employee Name (please print)

Social Security Number

Employee Signature

Date

Primary Account

Name of Institution: _____

City: _____ State: _____

Routing Number:

Account Number: _____

Deposit To: Checking ☐ Savings ☐

Secondary Account - \$ Amount Only

Name of Institution: _____

City: _____ State: _____

Routing Number:

Account Number: _____

Deposit Amount: \$

Deposit To: Checking ☐ Savings ☐

Note: **Attach a voided blank check to validate account information for checking account deposits.** A savings account will require information from your financial institution.

Find Routing Number on Your Check

Your Name
Your Address
DATE
PAY TO THE ORDER OF \$
DOLLARS
Your Bank Name
MEMO
⑆ 123456789 ⑆ 0000987654321 ⑆ 1001

9 Digit Routing Number Your Account Number Check Number

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **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.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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 estimator at www.irs.gov/W4App, 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

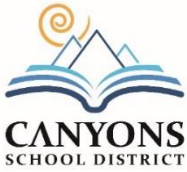
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 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 total 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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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)



Temporary Employment Agreement (ESP)

I _____,
understand that the position of _____,
at _____
for the _____ school year is a temporary assignment of one school year that is based upon District, Federal or State monies or grants. Therefore, my voluntary acceptance of this position qualifies me as a temporary employee of the Canyons School District pursuant to District Policy 400.41, *Termination of Employment of Support Staff (ESP)*. Temporary employees serve at will and have no expectation of continued employment. When this temporary assignment ends at the end of the school year, I understand that my employment with Canyons School District will end. I have received a copy of District Policy 400.41.

I understand that if I wish to continue employment with Canyons School District after this assignment, I must submit an application through the Human Resources Department and I will be considered, along with all other applicants, for any position I am qualified for at that time.

I acknowledge that I have carefully reviewed this agreement, and based upon these conditions, I accept the temporary assignment indicated above. I acknowledge having received a copy of this agreement.

Employee's Signature

Date

Submit a copy of this form to Human Resources.