CLASSIFIED STAFF ATHLETIC TIME SHEET

Name _____ Employee ID _____

Building _____ Date(s) of Event _____

Position Worked _____ Name of Sport _____

Amt. Pd _____ **AMOUNT DUE TO EMPLOYEE** _____

I, the undersigned, acknowledge that this is a true statement of the total number of events worked on the day(s) listed above.

Employee Signature _____ Date: _____

Please charge the account highlighted and building as indicated below:

Fund	FUNC	Obj	SCC	SUBJ	OPU	IL	Sport
300	4511	149	0000	000000		00	Baseball
300	4512	149	0000	000000		00	B Basketball
300	4513	149	0000	000000		00	B Soccer
300	4515	149	0000	000000		00	B Volleyball
300	4516	149	0000	000000		00	Football
300	4523	149	0000	000000		00	B Cross Ctry
300	4527	149	0000	000000		00	B Track
300	4528	149	0000	000000		00	Wrestling
300	4534	149	0000	000000		00	Softball
300	4532	149	0000	000000		00	G Basketball
300	4533	149	0000	000000		00	G Soccer
300	4535	149	0000	000000		00	G Volleyball
300	4545	149	0000	000000		00	Gymnastics
300	4543	149	0000	000000		00	G Cross Ctry
300	4547	149	0000	000000		00	G Track
300	4558	149	0000	000000		00	Swim
300	4590	149	0000	000000		00	Athletic Office
300	45_ _	149	95_ _	000000		00	Fundraising

_____ _____

Supervisor Signature Date