

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

## EVENT WORKER VOUCHER FORM

This form collects information on individuals who provide services to District 196 in order to process payment for the service. The information collected will be used and maintained within the district by staff responsible for overseeing the services provided and/or staff responsible for ensuring proper payment. It may also be shared as permitted by state and federal law, including federal and state tax law. You are required to provide the requested information in order to receive payment.

**EMPLOYMENT STATUS:** \_\_\_\_\_ ISD 196 Employee (**PAYROLL**)  
\_\_\_\_\_ Independent Contractor (IC)/Non-Employee (**ACCOUNTS PAYABLE**)

\*Independent Contractor (IC)/Non-Employee Questions Only

### **DEMOGRAPHIC INFORMATION**

Full legal name: \_\_\_\_\_

Address/school/dept: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Employee/payee number (if known): \_\_\_\_\_

\*Has the IC worked (and been paid) by ISD 196 in the past three (3) years?    Yes                      No

\*W9 Status with ISD 196:        On file at the District Office        Need to send a new W9                      Unsure

\*SSN (last four digits): \_\_\_\_\_

### **EVENT INFORMATION (For non-athletic events, please fill out relevant information)**

Date of event: \_\_\_\_\_

Home school: \_\_\_\_\_ Opponent: \_\_\_\_\_

Gender:    Boys    Girls    Coed                      Activity: \_\_\_\_\_                      Level(s): \_\_\_\_\_

Role: \_\_\_\_\_                      Time in: \_\_\_\_\_                      Time out: \_\_\_\_\_

Notes from worker (if any): \_\_\_\_\_

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

### **FINANCIAL INFORMATION - OFFICE USE ONLY**

Total amount: \$ \_\_\_\_\_ Account code(s): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pay amount calculation (hours x pay rate): \_\_\_\_\_

Notes from school office: \_\_\_\_\_

Approver: \_\_\_\_\_                      Date of approval (Submit to Pay): \_\_\_\_\_

### **ACCOUNTS PAYABLE/PAYROLL PROCESSING**

Date voucher received \_\_\_\_\_                      Date voucher paid \_\_\_\_\_