

ASB HOURLY TIME SHEET & INVOICE

Employee No. _____ Employee Name _____
 Last Name First Name M.I.

School _____ Sport/Activity Account Code _____

Sport/Activity Assignment _____ Authorized Hourly Rate of Pay: \$13.50 per hour

ADVANCE APPROVALS:

Student ASB Financial Rep. _____ Date _____

Scheduled Dates (MM/DD)	Scheduled Hours	Actual Hours Worked	Comments

ASB Prime Advisor _____ Date _____

Scheduled Dates (MM/DD)	Scheduled Hours	Actual Hours Worked	Comments

I hereby certify under penalty of perjury that the above total hours correctly represents the actual hours I worked.

I do hereby certify that this time report correctly reflects the attendance for the above employee and that I am authorized to certify the same (Athletic Director, Principal, or Prime Advisor).

Employee Signature _____ Date _____

Signature _____ Date _____

PAYROLL USE ONLY

Total Hours	Rate	Gross Earnings
	\$13.50	

Copy distribution: Original to Payroll and one copy filed with school ASB records.

SEND COMPLETED FORM TO PAYROLL

Time sheets submitted to Payroll by the 12th of the month are paid on the last working day of the month.