A S B HOURLY TIME SHEET & INVOICE

Employee No _____ Employee Name _____
Last First MI

School _____ Sport/Activity Account Code _____

Sport/Activity Assignment

_____

Authorized Hourly Rate of Pay: $13.75 per hour

ADVANCE APPROVALS

Total Anticipated Hours _____

_____ _____

Student ASB Financial Rep Date ASB Prime Advisor Date

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

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
	$13.75	

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

SEND COMPLETED FORM TO PAYROLL

9/2021