A S B 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: $14.50 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
	$14.50	

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

SEND COMPLETED FORM TO PAYROLL

12/2021