

EXTRA DUTY WORK ASSIGNMENTS

NAME _____

MONTH _____

DATE OF EVENT	LOCATION	POSITION	STARTING	ENDING TIMES
---------------	----------	----------	----------	--------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Please indicate on this sheet the date and time you started your assignment and the time you completed your assignment.

Sign the bottom of this sheet and return it to the athletic office for payment.

PAYMENT TO YOU CANNOT BE MADE WITHOUT THIS SHEET.

WORKER'S SIGNATURE _____

TOTAL TIME WORKED _____

ADMINISTRATOR'S SIGNATURE _____

PLEASE TURN IN TIME SHEET BY THE 25TH OF THE MONTH.