

**ASB OFFICIAL TIME SHEET**

NAME \_\_\_\_\_ Mo. - Yr. \_\_\_\_\_

Address \_\_\_\_\_ Social Security # **(REQUIRED)** \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Date	School	JOB	# of Games	Total Cost	Approved By:

Are you currently an HLPUSD employee? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Signature of Official  
**(REQUIRED)**

**Please indicate:**

Will Pick Up \_\_\_\_\_ Mail to Home \_\_\_\_\_ Send to School Site \_\_\_\_\_

Original - District Office Yellow - School Pink - Official

Form #1002 (11/14)

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