

Tracy Unified School District
 Special Assignments for Athletic Program – Time Sheet
 From Month _____/16/20_____ to Month _____/15/20_____

Name: _____

ID# _____

Signature: _____

Date: _____

<u>Date</u>	<u>Sport</u>	<u>Duty Performed</u>	<u>Completed by H.R. Compensation</u>

Athletic Director Approval: _____ Date: _____

Site: _____

Principal Approval: _____ Date: _____

Completed by Human Resources and Payroll

- Certificated Acct # 01-0000-0-1131-4200-1900-606-6373 (THS)
- Classified Acct # 01-0000-0-1131-4200-2900-606-6373 (THS)
- Certificated Acct # 01-0000-0-1131-4200-1900-706-6573 (WHS)
- Classified Acct # 01-0000-0-1131-4200-2900-706-6573 (WHS)
- Certificated Acct # 01-0000-0-1131-4200-1900-676-5873 (KHS)
- Classified Acct # 01-0000-0-1131-4200-2900-676-5873(KHS)

Total Paid: _____

Date Paid: _____