

**EXTRA CURRICULAR CLAIM FORM**

EMPLOYEE NAME: \_\_\_\_\_

**THESE CLAIMS MUST BE MADE WITHIN THE PAY PERIOD IN WHICH DUTY IS PERFORMED**  
 After completion of your duty, this form is to be completed and turned into the Athletic Director for sports or the High School Principal for non sporting events.

| CHAPERONES                  |         |          |             |       |
|-----------------------------|---------|----------|-------------|-------|
| DATE                        | TIME IN | TIME OUT | TOTAL HOURS | EVENT |
|                             |         |          |             |       |
|                             |         |          |             |       |
|                             |         |          |             |       |
| <b>TOTAL HOURS FOR WEEK</b> |         |          |             |       |

| DETENTION          |         |          |             |  |
|--------------------|---------|----------|-------------|--|
| DATE               | TIME IN | TIME OUT | TOTAL HOURS |  |
|                    |         |          |             |  |
|                    |         |          |             |  |
|                    |         |          |             |  |
| <b>TOTAL HOURS</b> |         |          |             |  |

| SCORE BOARD/SHOT CLOCK OPERATOR/ADMISSIONS/PITCH COUNTER |         |          |             |       |
|--|---------|----------|-------------|-------|
| DATE   | TIME IN | TIME OUT | TOTAL HOURS | EVENT |
|  |         |          |             |       |
|  |         |          |             |       |
|  |         |          |             |       |
| <b>TOTAL HOURS FOR WEEK</b>                              |         |          |             |       |

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

| OFFICE USE ONLY                  |                  |
|----------------------------------|------------------|
| <b>PAY RATE \$22.57 PER HOUR</b> |                  |
| EARNINGS CODE: _____             | AMOUNT PD: _____ |
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| PP#: _____                       | DATE PD: _____   |