

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
TOTAL HOURS FOR WEEK				

DETENTION				
DATE	TIME IN	TIME OUT	TOTAL HOURS	
TOTAL HOURS				

SCORE BOARD/SHOT CLOCK OPERATOR/ADMISSIONS/PITCH COUNTER				
DATE	TIME IN	TIME OUT	TOTAL HOURS	EVENT
TOTAL HOURS FOR WEEK				

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

SUPERINTENDENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	
PAY RATE \$21.00 PER HOUR	
EARNINGS CODE: _____	AMOUNT PD: _____
EARNINGS CODE: _____	AMOUNT PD: _____
PP#: _____	DATE PD: _____