05.31 AP.22

Reporting Form for Employee Extra Pay

Facilities used by organization: gyman gym	nasium dining room/k er, specify	
Personnel assigned to the event:——☐ Cu Maintenance	nstodian(s)——□ Food Se	rvice Employee(s)
Supervisory personnel will be paid at no pay with pay beginning 30 minutes before a facility (including the stadium) is in good, at Board approved rate for actual time wortime, and clean up of the facility.	and ending one (1) hour after useable order for the next dr rked for the event to include	the event or whenever to the event or whenever to the event or whenever to the event of the event or whenever to the event or whenever to the event of the event
Employee's Signature	VERIFY SERVICE FOR THIS E Date of Service	# of Hours Worked
Employee's Signature	Date of Service	# of Hours Worked
Employee's Signature	Date of Service	# of Hours Worked
Employee's Signature	Date of Service	# of Hours Worked
Employee's Signature	Date of Service	# of Hours Worked
For Ce	entral Office use only	
Employee Name		
	# of Hours @ \$	per hour Total \$
		non hour Total \$
Employee Name	# of Hours @ \$	per nour Total \$

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