



MIDDLE SCHOOL CLASSIFIED OR NON-DISTRICT PAYROLL FORM

NAME _____ EMPLOYEE ID# _____ SCHOOL _____

SPORT _____ HEAD COACH ASSISTANT COACH TRAINER

PAYROLL # _____ PAYROLL DATES: _____ - _____, 2010-2011
From To

DAY	DATE	TIME		G = GAME P = PRACTICE J = JAMBOREE	TOTALS
		FROM	TO		
<i>EXAMPLE</i>	<i>08-24-10</i>	<i>9:00 AM</i>	<i>11:00 AM</i>	<i>P</i>	<i>4</i>
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

TOTAL HOURS

DAY	DATE	TIME		G = GAME P = PRACTICE J = JAMBOREE	TOTALS
		FROM	TO		
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

TOTAL HOURS

**TOTAL HOURS
THIS PAGE**

I, the undersigned, do hereby certify, under penalty of perjury, that this time report correctly reflects all time reported for the pay period indicated.

COACH'S SIGNATURE _____ DATE _____

We, the undersigned, do hereby certify, under penalty of perjury, that this time report correctly reflects the hours worked for the named employee for the pay period indicated and that we are authorized to certify said time.

Building Athletic Director Signature

Date

Building Administrator Signature

Date

FOR ATHLETIC OFFICE USE ONLY

TOTAL HOURS WORKED _____	BALANCE _____	SUBMITTED TO PAYROLL _____	PAY DATE _____
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