

SCHOOL EXTRA-CURRICULAR
EMPLOYEE CLAIM FOR PAYMENT

(PRINT LEGIBLY)

COMPLETE THE FORM BELOW FOR ATHLETIC EVENTS YOU WORKED IN ORDER FOR PAYMENT TO BE PROCESSED
THROUGH CENTRAL OFFICE.

NAME: _____ NPUSC EMPLOYEE # _____

SCHOOL PHONE EXTENSION# _____ OR HOME PHONE _____

ADDRESS: _____

DATE OF EVENT	DAY OF WEEK	POSITION WORKED	HOURS WORKED	EVENT PAY RATE	NAME OF EVENT	AMOUNT DUE
	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					

WEEKLY TOTAL

DATE OF EVENT	DAY OF WEEK	POSITION WORKED	HOURS WORKED	EVENT PAY RATE	NAME OF EVENT	AMOUNT DUE
	SUNDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	SATURDAY					

WEEKLY TOTAL

BI-WEEKLY TOTAL

ACCOUNT NAME _____

APPROVED BY _____

Athletic Director

DATE _____

Principal

DATE _____