



This form is for officers NOT employed by DeKalb Schools on a full-time basis. Please send this form to Department of Athletics – East Campus.



**DEKALB COUNTY BOARD OF EDUCATION
SECURITY SERVICES FOR ATHLETIC EVENTS**

GA STATE OFFICER

STADIUM / SCHOOL _____

DATE _____

EVENT (Circle) Football Basketball Soccer Cross Country Track Gymnastics Wrestling Swimming Softball Other _____

LEVEL (Circle) Varsity JV 8th Grade

PRINT FULL NAME Last, First, Middle Initial	SOCIAL SECURITY (Last 4 digits)	JOB For this Event	TIME IN	TIME OUT	INITIALS	NUMBER OF HOURS	AMOUNT EARNED
		SECURITY					
		SECURITY					
		SECURITY					
		SECURITY					
		SECURITY					
		SECURITY					
		SECURITY					

I certify this report to be correct.

TOTAL _____

Stadium Manager's Signature

Director of Athletics