



This form is for Officers assigned to a DeKalb County School on a daily basis.



EXTRA ACTIVITY PAYROLL REPORT

DEPARTMENT OF ATHLETICS

SCHOOL RESOURCE OFFICER

STADIUM / SCHOOL _____ DATE _____ GAME/EVENT _____

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	EMPLOYEE ID #	JOB For This Event	TIME IN	TIME OUT	INITIALS	NUMBER OF HOURS (3 HOURS MAX)
		SRO				
		SRO				
		SRO				
		SRO				
		SRO				
		SRO				
		SRO				
TOTAL _____						

I certify this report to be correct.

Manager/Principal's Signature

Director of Athletics Stadium