



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



EXTRA ACTIVITY PAYROLL REPORT

DEPARTMENT OF ATHLETICS

NON-DEKALB

STADIUM / SCHOOL _____ DATE _____ OPPONENT _____

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	AMOUNT EARNED
					TOTAL	

I certify this report to be correct.

Stadium Manager/Principal's Signature _____ Director of Athletics _____