



Please send completed forms to Department of Athletics East Campus.



EXTRA ACTIVITY PAYROLL REPORT
DEPARTMENT OF ATHLETICS
SEMI-MONTHLY

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	EMPLOYEE ID #	FULLTIME DEKALB JOB	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 _____