



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

2021-2022

POLICE OFFICER

PRINT FULL NAME (Last, First, MI) \_\_\_\_\_ SS# (Last 4 digits) \_\_\_\_\_

STADIUM / SCHOOL \_\_\_\_\_ EVENT \_\_\_\_\_ LEVEL (Varsity, JV, Middle School) \_\_\_\_\_

*THIS TIMESHEET SHOULD BE COMPLETED ON A WEEKLY BASIS*

GAME	DATE	TEAMS	JOB FOR THIS EVENT	TIME IN	TIME OUT	INITIALS	NUMBER OF HOURS
1							
2							
3							
4							
5							
						<b>TOTAL HOURS</b>	

TOTAL # OF HRS times \$35 = TOTAL AMOUNT EARNED FOR THE WEEK  
I certify this report to be correct

Employee Signature \_\_\_\_\_

Stadium Manager's Signature \_\_\_\_\_ Director of Athletics \_\_\_\_\_