

**OAK CREEK – FRANKLIN JOINT SCHOOL DISTRICT
CO-CURRICULAR ACTIVITY TIME SHEET**

EMPLOYEE NAME _____
(Please print or type)

SCHOOL _____
(building where activity is being performed)

CO-CURRICULAR ASSIGNMENT _____
(Indicate assignment, boys or girls' activity, assistant or head coach, etc.)

TOTAL AMOUNT PAYABLE \$ _____

Please select method of reimbursement by listing dollar amount under each pay period. This must be submitted by the first of the month prior to the pay period.

NOVEMBER 15

MARCH 15

JUNE 15

\$ _____

\$ _____

\$ _____

If payment for activity is split between pay periods, the amount of pay being requested must be equal to or less than the percentage of work completed by the indicated pay date.

I authorize payment in the amount of \$ _____.

AUTHORIZED SIGNATURE _____ DATE _____

EMPLOYEE'S SIGNATURE _____ DATE _____
(Please submit original form to the Business Office.)

FOR BUSINESS OFFICE USE ONLY:

BUSINESS OFFICE AUTHORIZATION _____

ACCOUNT NUMBER _____