## **STUDENT ACTIVITY BILLING ONLY**

## EVENT WORKERS REPORT TULSA PUBLIC SCHOOL <u>CERTIFICATED</u> PERSONNEL <u>ONLY</u>

	EVENT(School & Sport/Activity):								
SAF RQ # Agenda, Date &	Account Number: _	11-0710-50-2199- Program(circle o	one): 80 81	0=C	oe en	d nale		0-0	6-071
Employee Social Security Number		me	Total Hours Worked	Salary Amount					Position Worked
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Approved			performed ser under my dire	vices ct su	s in t perv	the ca	apa du	citie ring	nat the persons above named personally as stated in their contracts of employment, the period of the time shown above.
• •	Signature of Principal/Director								