STUDENT ACTIVITY BILLING ONLY

EVENT WORKERS REPORT

TULSA PUBLIC SCHOOL PERSONNEL ONLY

SAF RQ# _____

MONTHLY ☐

BI-WEEKLY ☐

EVENT: _____

(School & Sport/Activity)

CLASSIFIED PERSONNEL

EMPLOYEE IDENTIFICATION NUMBER	Name	START TIME	END TIME	SALARY AMOUNT	PRTYPE	FUND	PROJECT	FUNCTION	OBJECT	PROGRAM	SUBJECT	POSITION WORKED
				.								
				.								
				.								
				.								
				.								
				.								
				.								
				.								
				.								

The undersigned hereby certifies that the persons above named personally performed services in the capacities stated in their contracts of employment, under my direct supervision during the period of the time shown above.

_____
Approved

Date of Event: _____

_____
Approved

_____
Signature of Principal/Director