

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number 402.3.3.1.2P Adopted March 1977 Revised October 1997

Title Special Supervisory Assignment Timesheet

DATE OF REQUEST _____

**MUST BE COMPLETED
IN RED OR BLACK INK
ONLY**

AMOUNT OF REQUEST \$ _____

(Please type or print)

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____
First Middle Initial Last

For people not employed
by the district only:

**Checks will not be issued to people not employed by the district
unless the timesheet includes a social security number or federal
identification number and a complete address.**

SOCIAL SECURITY NUMBER OR FEDERAL IDENTIFICATION NUMBER _____

ADDRESS _____

City State Zip

SPORT/EVENT _____

DATE _____

OPPONENT _____

JOB PERFORMED _____

ACCOUNT CODE: 01 - _____ - _____ - _____ - _____ - 000
school program sport/event district-185
non-district-305

Employee Signature APPROVED BY _____
(Principal/Athletic Director)

REC'D _____ PAID _____