



## Stadium Event Support - Worker Sign-in Sheet

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Day of the Week, Month Day, Year)

**VS**

*\* I certify that this is an accurate record of time worked during the period indicated. I am aware that payments submitted after the month's posted timesheet due date will be paid in the next payroll cycle.*

| Employee # | Name | Assignment | Hours Worked | * Please Sign In | Charge Code | Pay/ Event |
|------------|------|------------|--------------|------------------|-------------|------------|
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|            |      |            |              |                  |             |            |
|            |      |            |              |                  |             |            |

I hereby approve the hours and payment indicated above.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Original to Payroll

cc: Accounting; ASB Treasurer

5.01a

Rev. 03/22