



ASB Authorization Form for Employee Pay

No payment to employee will occur with this form

Employee Name (List sub name, if applicable)	Date of Service	Service Performed/ List Activity or Game/Who Sub Was For	Hours Worked	Estimated Gross Pay	ASB Code (LOC & ASB Code) (LLL -00XXXX)

I authorize the above services rendered are ASB activities. This authorization is for reimbursement to the Everett Public Schools General Fund, by the ASB program funds for payroll charges, including fringe benefit costs.

ASB Treasurer **Date**

Student Activity Representative **Date**

ASB Primary Advisor **Date**

ASB Activity Advisor **Date**

This authorization form is NOT a payroll timesheet. This form is authorization for ASB to reimburse General Fund for employee pay only.