



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

I hereby approve the hours and payment indicated above.

Supervisor Signature

Date

Original to Payroll

cc: Accounting; ASB Treasurer

5.01a

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