



Security Work Detail Form

To be completed by school

Date worked: _____

Event worked: _____
(Please use complete and accurate description)

School name: _____

School administrator's signature: _____
(Date)

School administrator's printed name: _____

To be completed by security personnel

Name: _____
(Printed name)

Signature: _____
(Date)

Beginning time: _____ Ending time: _____

My signature confirms that I worked the event stated above.