

T A T E

Together Achieving Team Excellence

COUNTY SCHOOL DISTRICT

COLDWATER • EASTTATE • INDEPENDENCE • STRAYHORN

TO BE COMPLETED BY SCHOOL

Date Worked: _____

Event Worked: _____

School: _____

Administrator's Signature: _____

TO BE COMPLETED BY SECURITY PERSONNEL

Name: _____ Date: _____

Number of Games: _____

Signature: _____

My signature confirms that I worked the event stated above.

Checks will be available with 10 days.

_____ I will pick up check at TCSD office. _____ phone

_____ I would like my check to be mailed. _____ address

Rodney Cain will be notified when checks are ready or write your phone number/address above.