Sports Official Time Sheet

AF400P
12/2017

Employee Name:	*Employee Number:*
School Department:	*Month/Year:*
Office Use –Account Code: 1-269-300- -047	

Date	***Home Team***	***Sport***	***Gender***	***# of Games***	***Rate***	***Total***	*Office Use* ***Code***
*** Total Amount to Be Paid:*						0	

All Sports Officials need to submit an Employee Registration Form and TD1 to Human Resources prior to receiving payment.

***Forward approved form to the Payroll Department (email: timesheet@rockyview.ab.ca). Please allow up to 4-6 weeks for processing.*

Sports Official Signature:
Sports Coordinator Signature:

Reference:

- *AP400 Staff Employment*