Clint Independent School District
Employee (non-exempt) Athletic Event Pay Voucher

_____   _____
Name   Social Security Number

_____   _____
Opponent   Date of Event

Type of Event: ☐ Baseball ☐ Basketball ☐ Cross Country ☐ Football ☐ Golf ☐ Softball ☐ Tennis ☐ Track ☐ Volleyball ☐ Soccer

Task: ☐ Game Manager ☐ Clock Keeper ☐ Score Keeper ☐ Ticket Seller ☐ Ticket Taker ☐ Announcer ☐ Chain Crew ☐ Lines

Time Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
In								
Out								
Total								

Extra Duty to be Compensated As (Check One):

Weighted Avg. Straight Time: _____ Account Code: 199.36.6125.00.996.X.91

Weighted Average Overtime: _____ Account Code: 199.36.6121.00.996.X.91

For Payroll Use Only		
Regular Hours	x Pay Rate =	Amount Paid
Overtime Hours	x Pay Rate =	Amount Paid
	Total	

I have checked and certify that the time shown is correct

_____ _____   _____ _____
Employee Signature   Date   Supervisor's Approval   Date

Athletic Director Signature: _____ Date: _____

(PARAPROFESSIONALS)