

ATHLETIC OFFICIAL/WORKER GAME SHEET

INSTRUCTIONS: This form must be completed (by JPS athletic officials appointed by MHSAA and athletic workers who are not full-time JPS employees) and turned in to a JPS Athletic Dept designee after each athletic event. One date per form. Address changes may be made on the bottom of this form.

SSN: xxx-xx-_____	
NAME: _____	(last 4 digits only)
Athletic Event: _____	Game Date: _____ (one date only)
Game Site: _____	Position Worked: _____
Schools Playing: _____	
# of Games Worked: Girls _____ Boys _____	Amount Owed: \$ _____
<p style="text-align: center;">Worker Certification</p> <p>I hereby certify that the above expense is true and correct. That no part thereof has been paid and that the balance therein stated is actually due and owing and that the amount claimed is necessary and incurred in the performance of my authorized, official duties.</p>	<p style="text-align: center;">Athletic Director Certification</p> <p>I, the Athletic Director for JPS, certify that this game sheet has been examined and, to the best of my knowledge and belief, the amount claimed is appropriate for the official, authorized duties performed at an JPS athletic event by the worker .</p>
Worker Signature _____	Date _____
Athletic Director Signature _____	Date _____

CHANGE OF ADDRESS

New Address:

Address 1: _____

Address 2: _____

City/State/Zip: _____

Phone: _____