

BARBOUR COUNTY BOARD OF EDUCATION
ATHLETIC ASSIGNMENT TIMESHEET

NAME _____

EMPLOYEE ID# (NOT SOCIAL SECURITY NUMBER) _____

POSITION _____

I have completed _____ of my obligation as
(percentage)

_____ for _____
(coach/asst. coach) (sport)

at _____.
(location)

Please pay \$ _____
(amount)

Employee Signature

Date

Supervisor Signature

Date