

# Fairfield Local Schools Game Coverage Time Sheet

Employee Name: \_\_\_\_\_

DAY	Date	Opponent	Sport
<b>Week #1 of 2</b>	MM/DD/YYYY		
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<b>Week #2 of 2</b>			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<b>Total</b>			

I Certify this to be a true statement of my hours for this pay period.  
I understand that falsification of this statement could be grounds for immediate c

Required  
Signatures: \_\_\_\_\_  
Employee

\_\_\_\_\_  
Athletic Director