

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 402.3.3.1.2P Adopted March 1977 Revised May 2014

Title Special Supervisory Assignment Timesheet

Date of Request _____

Employee Name _____ Employee Number _____
Last First Middle Initial
Print name as it appears on Social Security card

Employee's Building/Dept. _____

Amount of Request \$ _____

Sport/Event _____ Date _____

Opponent _____ Job Performed _____

Individuals not employed by District 196: Checks will not be issued to people not employed by the district unless the timesheet includes a social security number or federal identification number and a complete address.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number;
2. I am not subject to backup withholding due to failure to report all interest or dividends, and
3. I am a U. S. citizen or am authorized to work in the U.S.
4. I am exempt from the Foreign Account Tax Compliance Act.

Signature Social Security number or federal identification number

Address (print clearly)

City State Zip

ACCOUNT CODE: _____ - _____ - _____ - _____ - _____
fund school program sport/event 183 stipend licensed
185 stipend non-licensed
305 non-district

Employee Signature APPROVED BY _____
(Principal/Athletic Director)

REC'D _____ PAID _____