

BASTROP ISD
Athletic Event Worker Timesheet

Name: _____

Week: _____

Note: Enter legal name as printed on Social Security card on file with BISD Human Resource Dept.

Social Security (last 4 digits): _____

Date	Sport	Location of Event	Team: (Varsity/Sub-Varsity/MS)	Position Worked	Rate or Hours Worked (T)
TOTALS					

MEMORIAL STADIUM VARSITY FOOTBALL RATES	
Position	Rate
Videoboard	\$200
Field Access	\$50
Gate Access	\$50
Press Box Host	\$50
Public Address	\$55
IT Technician	\$55
Public Address Spotter	\$30
Scoreboard	\$45
Ticket Scanner	\$40
Student Videographer	\$35
Main Entrance Support	\$40

MEMORIAL STADIUM PLAYOFF RATES	
Position	Rate
Videoboard	\$200
Administrator	\$100
IT Technician	\$60
Public Address	\$60
Scoreboard	\$50
Ticket Scanner	\$50
Field Access	\$60
Gate Access	\$60
Public Address Spotter	\$50

SUB-VARSITY & ALL HIGH SCHOOL SOCCER RATES	
Position	Rate (1, 2 or 3 Games)
Scoreboard	\$30/\$45/\$60
Ticket Scanner	\$30/\$45/\$60

HIGH SCHOOL VOLLEYBALL & BASKETBALL RATES	
Position	Rate (1, 2 or 3 Games)
Scoreboard	\$30/\$45/\$60
Ticket Scanner	\$30/\$45/\$60
Tournament Workers (T)	\$10/hour

HIGH SCHOOL BASEBALL & SOFTBALL RATES	
Position	Rate (1, 2 or 3 Games)
Scoreboard	\$30/\$45/\$60
Ticket Scanner	\$30/\$45/\$60
Tournament Workers (T)	\$10/hour

MIDDLE SCHOOL VOLLEYBALL & BASKETBALL RATES	
Position	Rate (1, 2 or 3 Games)
Scoreboard	\$25/\$40/\$55
Ticket Scanner	\$25/\$40/\$55
Tournament Workers (T)	\$10/hour

Position	Rate (1, 2 or 3 Games)
Scoreboard	\$25/\$40/\$55
Ticket Scanner	\$25/\$40/\$55

Circle the appropriate budget code:

Athletics
199-36-6299-00-001-0-91-BHS
199-36-6299-00-002-0-91-CCHS
199-36-6299-00-041-0-91-BMS
199-36-6299-00-106-0-91-CCMS
461-36-6399-00-999-0-91-998 (Memorial Playoff)
Facility Rental Usage
199-E-36-6119-00-945-0-99-FAC (ADMIN ON DUTY EXEMPT)
199-E-36-6121-00-945-0-99-FAC (ADMIN ON DUTY NON-EXEMPT)
199-E-51-6121-00-945-0-99-FAC (CUSTODIAL/GROUNDS)
199-E-52-6121-00-945-0-99-FAC (BISD SEC EXTRA DUTY)

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Athletic Director Signature _____ Date _____

BISD Employee: Submit original form to Jennifer Adare (BHS)
Monica Garcia (CCHS)
Jennifer Schneider (Memorial Stadium)
Submit weekly (within 5 days of last day worked)

Supervisor: Complete budget code information, sign, submit original form to Athletic Director's office.

Alternate Budget Code