

**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)
<b>TOTALS</b>					

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
Financial Clerk	\$75
Custodial	\$25/hour

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 \_\_\_\_\_