Cherokee Community Schools
Activities Worker's Voucher -Year:

Name: _____ **Building:** _____

Date of Event	Event	Time In	Time Out	Hours Worked

Please share with your building administrator to obtain his signature.

Administrator's Signature: _____

NOTE: PLEASE RECORD ALL EVENTS WORKED, AS WELL AS HOURS WORKED, EVEN FOR YOUR REQUIRED TWO EVENTS.

Return to: Tandra, Central Office