

**REDFORD UNION SCHOOLS  
(EXTRA-CURRICULAR ACTIVITIES)  
SCHEDULE B OR C**

Employee Social Security No. \_\_\_\_\_  
(Required)

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

PAYROLL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
(Supervisor)

APPROVED BY \_\_\_\_\_  
(Principal)

CHECK LIST

- \_\_\_\_\_ ALL SCHOOL EQUIPMENT ISSUED TO STUDENTS, COLLECTED
- \_\_\_\_\_ ALL EQUIPMENT INVENTORIED
- \_\_\_\_\_ DAMAGED AND/OR DIRTY EQUIPMENT SEPARATED AND BOXED
- \_\_\_\_\_ OTHER EQUIPMENT RETURNED TO STORAGE
- \_\_\_\_\_ REQUISITIONED REPLACEMENT AND/OR ADDITIONAL EQUIPMENT
- \_\_\_\_\_ AWARD LIST
- \_\_\_\_\_ SCORE BOOKS AND/OR SEASON RECORDS
- \_\_\_\_\_ OFFICIALS RATINGS

ASSIGNMENT

SERVICE DATES: From \_\_\_\_\_ to \_\_\_\_\_

ACTIVITY \_\_\_\_\_

YEARS EXPERIENCE \_\_\_\_\_

PERCENTAGE \_\_\_\_\_

PAY SCALE STEP \_\_\_\_\_

*I HAVE PERFORMED ALL THE SERVICES STIPULATED TO THE BEST OF MY KNOWLEDGE.*

AMOUNT \_\_\_\_\_

HOURS \_\_\_\_\_

CHARGE ACCOUNT # \_\_\_\_\_

\_\_\_\_\_  
(Signed)