

Alachua County Public Schools  
Business Services Department

**Activities Employee Certification**

School: \_\_\_\_\_ Date \_\_\_\_\_

For services rendered as \_\_\_\_\_  
(custodian, ticket seller, ticket taker, etc.)

Activity: \_\_\_\_\_ Sponsored by: \_\_\_\_\_

\_\_\_\_\_ At \_\_\_\_\_ Total due \_\_\_\_\_  
(No. hours/event) (Rate)

Are you employed by the School Board  
of Alachua County? \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

If yes, give name of school or  
department \_\_\_\_\_

Employee authorized by: \_\_\_\_\_  
Circle One: Principal Assistant Principal Activities Director Athletic Director