



Internal Accounts

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: _____
Check One: Principal Assistant Principal Activities Director Athletic Director