



CARETAKER USE OF SCHOOL FACILITIES REPORT ON HOURS

CARETAKER NAME: _____

SCHOOL: _____ **PERMIT #** _____

NAME OF USER GROUP: _____

DATE(S) OF USE: _____ **TIMES(S) OF USE:** _____

OPENING/CLOSING/SECURITY AND CLEANING CHARGES			
Refer to Community Use of School Form for group category			
FOR OFFICE USE ONLY			
		Rate (Employee) OR Hourly Rate (Contract)	TOTAL
IF use on weekdays or Saturday	Number of Hours	_____ x _____ =	\$ _____
IF use on Sundays	Number of Hours	_____ x _____ =	\$ _____
TOTAL TIME IN EXCESS OF APPROVED USE TO BE RE-BILLER TO USER GROUP	Number of Extra Hours	_____ x _____ =	\$ _____
TOTAL TO BE PAID:			\$ _____
OR			
IF Liquor License or Large Gathering (\$250)	One eight (8) Hour Day	8 hours x _____ =	\$ _____
IF additional days required (\$100/day)	Number of Extra Days	_____ x _____ =	\$ _____
TOTAL TIME IN EXCESS OF APPROVED USE TO BE RE-BILLER TO USER GROUP	Number of Extra Hours over eight (8) Hours	_____ x _____ =	\$ _____
TOTAL OVERTIME TO BE PAID:			\$ _____

Office Use Only

EXEMPT: _____ **FEE PAYING:** _____ **RE-BILL USER GROUP:** _____

EMPLOYEE C/T: 40-115-6-915-027

CONTRACT C/T: 40-654-6-610-027

GST #: _____

APPROVED FOR PAYMENT: _____ **DATE:** _____