



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:** _____