

**CARETAKER AND / OR ALTERNATE EXTRA-DUTIES FORM**

(COMPLETE ONLY IF CARETAKER AND/OR ALTERNATE IS TO BE PAID)

Form to be submitted to Secretary-Treasurer before the 1st Friday of each month.

Caretaker and/or Alternate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE FILL IN ALL ITEMS**

545-1 Control Number	Date(s) Worked	Name of Group, etc. Using Facility	Type of Facility Used	Amount To Be Paid To Caretaker and/or Alternate

**APPROVED BY:**

\_\_\_\_\_  
(Signature of School Administrator)

**FOR OFFICE USE ONLY:**

Account code \_\_\_\_

Cheque # \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: CARETAKER AND/OR ALTERNATE ARE NOT TO SUBMIT AN INVOICE.  
THEY WILL BE PAID THROUGH THE USE OF THIS FORM.**

White – Sec.-Treasurer copy    Yellow – User Group Copy    Pink – School Copy    Green – Caretaker Copy