

Gananda Central School District
1500 Dayspring Ridge
Walworth, NY 14568

Athletic Chaperone Voucher

Name: _____

Date	Event	Duty	Start Time*	End Time*	# of Games

* Start Time and End Time are necessary for the Affordable Care Act purposes.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Budget Code: #2855.152-04-0400