

CLASSIFIED

HOURLY ADDITIONAL ASSIGNMENT SHEET

Please Print or Type

Payroll Name (Last,First M) ----- Employee ID#	Begin Date	End Date	Position Number	Max. Hours Per QW	Salary Rate	T/K	Job Code & ID (HRS Only)	Dist %	Account Number	This employee's Regular assignment is:		
						Loc		Type of Service (Describe the assignment or Duties)			A/L Loc	FTE %

Principal/Site Administrator _____ Location _____ Date _____

Special Funded Programs only:

Program Administrator _____ Location _____ Date _____

Asst/Deputy Supt _____ Location _____ Date _____

Site Contact Name: _____
Telephone / Extension # _____

FOR PERSONNEL COMMISSION USE ONLY

Reviewer: _____ Date _____

Payroll Deadline _____ Online _____ By _____

Board Action Yes No BA Date _____ By _____

11/2012