

CERTIFICATED

HOURLY/ADDITIONAL ASSIGNMENT SHEET:

PLEASE PRINT OR TYPE

#	PAYROLL NAME (LAST, FIRST, M) _____ EMPLOYEE NUMBER	BEGIN DATE	END DATE	POSITION NUMBER	MAXIMUM HOURS PER QW	SALARY RATE	T/K LOC	ASGN LOC	DIST %	ACCOUNT NUMBER	TYPE OF SERVICE (Describe the Assignment or Duties)
1											
2											
3											
4											
5											
6											
7											
8											
9											

Principal/Site Administrator _____ Location _____ Date _____

Program Administrator _____ Location _____ Date _____

Asst/Area/Deputy Supt _____ Location _____ Date _____

FOR HRS USE ONLY:

Reviewer: _____ Date _____

Payroll Deadline _____ Online _____ By _____

Bd Action: NO YES BA Date _____ By _____

To Prog Acctg _____