

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 Loc		Job Code & ID (HRS Only)	Dist %	Account Number	This employee's Regular assignment is:		
						A/L	Loc				A/L Loc	FTE %	Cal

Principal/Site Administrator Location Date

Site Contact Name:
Telephone / Extension #

Special Funded Programs only:

Program Administrator Location Date

Asst/Deputy Supt Location Date

FOR PERSONNEL COMMISSION USE ONLY
Reviewer: _____ Date _____
Payroll Deadline _____ Online _____ By _____
Board Action Yes No BA Date _____ By _____
11/2012