Approval for Temporary Hourly Work

Completed copies to Business and HR offices prior to beginning of 1st pay cycle of dates below. Timesheets must still be submitted.

EMPLOYEE: _____

EMPLOYEE STATUS (circle)**:** **ACTIVE/RETIRED**
FULL TIME/PART TIME/TEMPORARY

SCHOOL/SITE: _____

EVENT: _____

RESPONSIBILITIES/DUTIES PERFORMED:

_____

_____

_____

RATE OF PAY: _____

DATES AND TIMES: (attach additional sheets if necessary)

Date	Start Time	End Time	Total Hours

_____ _____

Approved by (Building Administrator) Date