

NORTHSHORE SCHOOL DISTRICT NO. 417
Personnel Authorization and Monthly Time Report
HOURLY ADDITIONAL PAY ONLY
(Record 1 Month Per Sheet)

Please complete the following information

Employee No.	<hr/>
Employee Name (Please Print)	<hr/>
	Last First
Position	<hr/>

School Year	2020-21
Month	<hr/>
Work Location	<hr/>

AUTHORIZATION:

Start Date _____ **Stop Date** _____

Maximum Hours:

Description: **Principal's Discretionary Days/Hours OR**
 Classroom Coverage
 OTHER (describe briefly) -

Certificated Only **Acct. Number:** _____ . **240**
Example: XXXXXXXXXXXX XXX
Capital Projects Example: 20.240 / xxxxxxxxxxx.020

Check One: h/c30 **Employee's Per Diem OR**
h/c34 **\$35.12/hour** (Addendum C-5 Certificated Supplemental Assignments Schedule)
Or employee hourly per diem if less (Per RCW 28A.400.200)
h/c32 **\$50.32/hour** (Addendum C-7 Cllsrm Coverage, Lrng Inst, Curr Training, Chemical Hygiene ONLY)
Or employee hourly per diem if less (Per RCW 28A.400.200)
h/c31 – classroom coverage

320 or

Classified Only **Acct. Number:** _____ . **340**
Example: XXXXXXXXXXXX XXX
Capital Projects Example: 20.320 or 340 / xxxxxxxxxxx.030

Check One: **Employee's Hourly Rate**

Budget Administrator's Signature **Date**

MONTHLY TIME REPORT

Compensation for assignments paid as Hourly Additional Pay will be the month following the completion of the assignment AND upon receipt of this completed Personnel Authorization and Monthly Time Report for Hourly Additional Pay form in Payroll.

Date of Assignment	# Hours Worked	Payroll Use Only	
		Hourly Rate	Total

I hereby certify that the hours listed have been completed.

Employee Signature **Date** **Bldg. Admin./Spvr. Signature** **Date**