

**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

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

<b>School Year</b>	<b>2021-22</b>
<b>Month</b>	_____
<b>Work Location</b>	_____

**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  
 Capital Projects Example: 20.240 / xxxxxxxxxxx.020      XXX

- Check One:**
- h/c30  **Employee's Per Diem OR**
- h/c34  **\$36.17/hour (Addendum C-5 Certificated Supplemental Assignments Schedule)**  
**Or employee hourly per diem if less (Per RCW 28A.400.200)**
- h/c32  **\$51.83/hour (Addendum C-7 Clssrm 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  
 Capital Projects Example: 20.320 or 340 / xxxxxxxxxxx.030      XXX

- 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**  
 Send completed form to Payroll for processing  
 9-8-21/JM