## GULFPORT SCHOOL DISTRICT PROGRAM EMPLOYMENT FOR 2024-2025

Name of School/Site:				Name of Program:					
Beginning Date:  Budget Code:  Principals Signature:					Ending Date:				
					_Total Cost:				
					Program Director Signature:				
Fringe Bene	fit is formatted to calculate	at 25.94 %	automatically.						
Employee Number	Employee Name	Level Step	Rate of Pay*		# Hours Per Day	# of Days	Total # of Hours	Total Pay	Fringe Benefit Amount
- rtannon		Ctop	rate of Fuy	,	Zuy	" or Dayo	110410	1 otal 1 uy	rundane
		1							

## NOTICE OF EMPLOYMENT FORM (Blue Form) is also required for each employee on this form.

Please remember that if you change employees you will need to complete this form again and resubmit to payroll. Time sheets must include the following information: Employee name, number, budget number and program name.

Employees will not be paid until all information is complete and turned into the Payroll Department

<sup>\*</sup>Rate of Pay must be level/step on pay scale.