HOURLY SUPPLEMENTAL AUTHORIZATION FORM

EMPLOYEE INFORMATION

NAME: _____ EMPLOYEE ID: _____

☐ CERTIFIED ☐ CLASSIFIED

HOURLY POSITION INFORMATION

***All hourly supplemental assignments are issued on a yearly basis and must be renewed each school year.*
***Only hourly supplemental assignments listed on the current salary schedule will be considered for approval.*

HOURLY ASSIGNMENT/ACTIVITY/POSITION: ☐ SCHOOL MONITORING ☐ HOME VISITS ☐ DETENTION
☐ CLC ☐ ATHLETICS ☐ SUMMER SCHOOL ☐ TUTORING ☐ OTHER/NOTES: _____

_____

_____

EFFECTIVE: _____ SITE ASSIGNMENT: _____ HOURLY RATE: _____

ACCOUNT CODE (must provide): _____

FUNDING SOURCE: ☐ GF ☐ TITLE I ☐ IDEA-B ☐ ESS ☐ CLC ☐ FRYSC ☐ COVINGTON PARTNERS
☐ PRICHARD ☐ GRANT/OTHER: _____

APPROVAL INFORMATION

***All hourly supplemental assignments must be submitted and approved by an administrator, principal, and/or grant manager.*

ADMINISTRATOR/PRINCIPAL/GRANT MANAGER APPROVAL:

PRINT	SIGNATURE	DATE

PRINT	SIGNATURE	DATE

CENTRAL OFFICE

SUPERINTENDENT OR DESIGNEE: _____ DATE: _____

FINANCE OR DESIGNEE: _____ DATE: _____

c: Payroll-Benefits-Agenda
Revised 5.14.24