

FONTANA UNIFIED SCHOOL DISTRICT
NOTIFICATION OF TEMPORARY CHANGE OF STATUS

INSTRUCTIONS: This form is to be used in reporting actual time worked in a classification for which you should receive additional remuneration. Please submit this report with your Classified Employee Service Report. Payment will be processed monthly and the payment for services rendered should be received with your paycheck at the end of each month. It is imperative that this form be filled out in its entirety.

NAME OF EMPLOYEE WORKING IN TEMPORARY STATUS: _____

EMPLOYEE'S REGULAR LOCATION: _____

SERVICE PERIOD ENDING: _____

SUBSTITUTED FOR: (Name of Absentee)	Location	Date	Hours	Accounting Use

I certify the above dates and hours shown are correct and accurate.

Employee Signature

Approval and Verification by Supervisor:

Social Security No.: **Last 4 digits only**

Department Head/Supervisor Signature

BUSINESS DEPARTMENT USE ONLY

Range ____ @ ____ + Increase Range ____ @ ____ = Regular Hours ____ @ ____
(Differential)

Range ____ @ ____ + Increase Range ____ @ ____ = Regular Hours ____ @ ____
(Differential)

ACCOUNT NUMBER