



Hourly Teaching Authorization

(Licensed)

School or Department _____

Social Security # _____

Name of Employee _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email _____

Cell _____

Hire / Effective Date _____

True Time Approver _____

Charge Account

Fund	Location	Year	Program	Function	Object	% of FTE

Hourly Rate \$ _____ | HR Approval _____
Initial

SECONDARY (Teacher Assignment)

List course title

1st Period _____	5th Period _____
2nd Period _____	6th Period _____
3rd Period _____	7th Period _____
4th Period _____	8th Period _____

ASSIGNMENT

- ☐ Teacher (Select below if applicable) Other Assignments
- | | |
|--|--|
| <input type="checkbox"/> Athletic Coach/Instructor | <input type="checkbox"/> Data Specialist |
| <input type="checkbox"/> CTEC Instructor | <input type="checkbox"/> Family Center |
| <input type="checkbox"/> Driver's Ed. (Road Only) | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Entrada | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Other _____ |

Evaluation Type ☐ CTESS ☐ CESPE ☐ None Required

Assignment is for school year: _____

Length of time: _____
(Full Year, One Semester, One or Two Trimesters)

Number of Hours per week: _____
(May not exceed twenty-eight (28) hours per week)

To be completed by the employee:

I am currently employed as a licensed educator and am being evaluated in another position. ☐ YES-Location _____ ☐ NO
My educator license is current ☐ Yes ☐ No ☐ N/A If you are licensed, what is your CACTUS number? _____

Please Note:

This position must be authorized yearly.

Each school year a new Hourly Teaching Authorization form must be completed and submitted.

I acknowledge that this is a temporary at-will assignment with no expectation of continued employment. Continuation of this assignment is contingent upon, but not limited to, program needs, funding and the employee's performance/conduct. This position is a non-contracted position and does not qualify for career status or benefits; e.g. paid leave, Utah Retirement System contribution, or health and welfare except as mandated by state or federal law. I also agree that I will not work more than twenty-eight (28) hours in any given week.

Teacher/Employee

Date

Principal/Supervisor

Date

Approval:

Human Resources Administrator

Date

Director of Human Resources

Date

Return to the Department of Human Resources. The Department of Human Resources will return a copy to the school. Please keep records of submitted and returned copies. The returned, signed copy is your proof that this paperwork has been submitted to the Department of Human Resources.