Hourly Teaching Authorization



(Licensed)

Dale of Birth Address Charge Account Treat Location Fear Program Praction Object St. of FTE	School or Department				Social Security #						
Facility State Zip Facility Your Program Facility Copyright Statistics State State Zip Facility Total Institute Instit	Name of Employee				Date of Birth						
Facility State Zip Facility Your Program Facility Copyright Statistics State State Zip Facility Total Institute Instit	Address			Charge	e Accou	nt					
Email Cell	City	State	7in				Program	Function	Object	% of FTE	
Hourly Rate \$ HR Approval											
Here / Effective Date											
True Time Approver SECONDARY (Teacher Assignment) List course title Teacher Teacher Teacher Teacher Teacher Special Education Teacher Special Education Special Edu	Cell			Hourly	, Rate \$			I	HR Approva	ıl	
ASSIGNMENT Teacher Sith Period Special Education Special	Hire / Effective Date			110011	rtato ¢			l	Тистириот		
List course title Ist Period	True Time Approver										
Special Education 2nd Period 6th Period 9th	SECONDARY (Teacher Assignment)			ASSIGNMENT							
2nd Period 6th Period 7th Period	List course title					Teacher					
3rd Period	1st Period	5th Period									
Assignment is for school year: Length of time: (Full Year, One Semester, One or Two Trimesters) Number of Hours per week: (Full Year, One Semester, One or Two Trimesters) Number of Hours per week: (May not exceed twenty-eight (28) hours per week) 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. Approval:		6th Period									
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Approval:	Please Note: This position must be auth Each school year a new H I acknowledge that this is a upon, but not limited to, prog qualify for career status or b	horized yearly. ourly Teaching Authoriz. temporary at-will assignments gram needs, funding and the	ation form must be co ent with no expectation he employee's performa ah Retirement System	ompleted of continu ance/cond contribution	and sub ued empl luct. Th on, or he	omitted. oyment. is position	Continuat n is a non:	ion of this assi contracted po	ignment is con sition and doe	ntingent s not	
Human Resources Administrator Date Director of Human Resources Date		iee	Date			Principal/S	iupervisor			Date	
	Human Resources Adm	ninistrator	Date			Director of Hum	nan 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.