

**LAS CRUCES PUBLIC SCHOOLS
 TEMPORARY EMPLOYEE WORKSHEET
 AND
 CLASSIFIED STAFF EXTRA HOURS WORKSHEET**

TEMPORARY EMPLOYEE: TEMPORARY EMPLOYMENT AGREEMENT ISSUED: _____

CLASSIFIED STAFF EXTRA HOURS: REGULAR POSITION: _____

SOCIAL SECURITY NUMBER

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 LAST NAME FIRST NAME MIDDLE NAME

 MAILING ADDRESS CITY STATE ZIP

 HOME PHONE SEX DATE OF BIRTH WORK LOCATION

DATES OF EMPLOYMENT/WORK: FROM _____ TO _____

RATIONALE/WORK ASSIGNMENT: _____

Hourly Rate \$ _____ Hours/Day _____ No. of Days _____ Salary \$ _____

FLAT RATE/AMOUNT PAYABLE _____ \$ _____

TIME SHEET REQUIRED? _____ JOB CODE: _____ TOTAL SALARY \$ _____

 FUNDING/PROGRAM LINE ITEM/BUDGET ACCOUNT

PREPARED BY: _____ DATE: _____

 DATE: _____

CONTROL AGENT SIGNATURE

**SEND ALL COPIES TO HUMAN RESOURCES.
 Call Human Resources for hourly rate on classified employees.**

TEMPORARY EMPLOYEES MUST COMPLETE EMPLOYMENT PAPERWORK BEFORE BEGINNING WORK.

HUMAN RESOURCES APPROVAL:

CONTRACTUAL: **JOB CODE: 2003** First Check: _____ # Payments: _____

SALARY SCHEDULE: _____ RANGE: _____ STEP: _____

APPROVED BY: _____ DATE: _____

ASSOCIATE SUPERINTENDENT FOR HUMAN RESOURCES

FINANCE APPROVAL: Subject to ERA:

APPROVED BY: _____ DATE: _____