



SHORT TERM WORK / ADDITIONAL DUTY AUTHORIZATION

To be used for temporary, short term auxiliary staff such as after school instructors, scouts, coaches, speakers, refs, etc. (OR) Additional Duty Assignments for existing employees. Do NOT use for permanent employees or long term substitutes for regular positions.

Position Information	Job Description				
	Assignment Detail				
		Duration, Weeks, Days, Season – Provide start and end date if known			Funding Source
	Wage Information	\$ _____ / Hourly (timesheet)	\$ _____ / Daily (timesheet)	\$ _____ / Lump Sum (payment request form)	\$ _____ / Other (payment request form)

IMPORTANT: Complete only ONE of the following two sections; the employee signature is required

Casual Employee SHORT TERM ASSIGNMENT	Hiring Supervisor: If this person is already a positioned employee of the district, please use other section.				
	Legal Name: (as on SS card)				
		First Name	Middle Name	Last Name	
	Address				
		Street Address, City, State, Zip			
	Contact	Phone:	Email:		
<i>This hire will need to see the HR Assistant at FCSU and will be treated as an "employee" for intents and purposes.</i>					

Regular Employee ADDITIONAL DUTY ASSIGNMENT	Hiring Supervisor: Use this section for additional duties assigned to an existing employee				
	Legal Name:				
		First Name	Middle Init	Last Name	
	<p>The duties listed above are in addition to the employee's contracted duties. The work must be completed outside the employee's regularly contracted hours. This agreement is only valid for the term set forth herein and does not obligate the District or SU to extend this agreement beyond the term set forth herein. This agreement in no way constitutes an offer of future employment with the District or SU for any definite term. Payment shall be included with the Employee's regular paycheck and shall be subject to withholdings and deductions as authorized and/or required by law. The stipend will be paid out only after employee submits evidence of work completed (including but not limited to: dates of meetings, a collection of work completed). *This evidence must be attached to the Payment Request form and submitted within 30 days of completing the work. For work in June, the Payment Request form must be submitted no later than June 30 of current fiscal year. *Ask your supervisor about the specifics required</p>				

I have read and agree to the terms listed herein.	
Employee Signature:	Date:

Finance	Budget Account:			Business Manager initials
	Notes:			

Approval (as necessary)	Requesting Supervisor Signature and Date:	Documentation	Hiring Supervisor		SU	
			Inits	Date	Inits	Date
		Application				
	Building Level Admin Signature and Date:	Reference Cks				
		Background Cks				
		I-9 w/ docs	/	/		
SU Level Admin Signature and Date: (as needed)	W-4 & DOHC					
	License / Certificate					

Return completed form to HR Copy to: Grant Coord Payroll File