

Current Educator (50 %-100% FTE)



7387 S. Campus View Dr. West Jordan, Utah 84084

HOURLY TEACHING AUTHORIZATION (Licensed Employees)

School or Department \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Employee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Beginning Date \_\_\_\_\_

Charge Account

Table with 8 columns: Fund, Location, Year, Program, Function, Object, FTE, Amount

Hourly Rate \$ \_\_\_\_\_ Hr Approval \_\_\_\_\_

SECONDARY (subjects taught-list 4 digit code) 1st Period, 2nd Period, 3rd Period, 4th Period, 5th Period, 6th Period, 7th Period, 8th Period

ASSIGNMENT Teacher, Special Education, Speech-Language Pathologist, School Psychologist, Other

Assignment is for:

Length of time: \_\_\_\_\_ Number of 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 assignment and that continuation of this assignment is contingent upon program needs and continued funding.

Teacher/Employee \_\_\_\_\_ Date \_\_\_\_\_ Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approval:

Administrator of Schools \_\_\_\_\_ Date \_\_\_\_\_ Human Resources Administrator \_\_\_\_\_ Date \_\_\_\_\_

Personnel File  School  Employee

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.