

Current Educator (50 %-100% FTE)

# Jordan School District Human Resources

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

## HOURLY TEACHING AUTHORIZATION

(Licensed Employees)

School or Department \_\_\_\_\_

Social Security # \_\_\_\_\_

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

### Charge Account

Fund	Location	Year	Program	Function	Object	FTE	Amount

Address \_\_\_\_\_

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

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

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

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

### SECONDARY

(subjects taught-list 4 digit code)

1<sup>st</sup> Period \_\_\_\_\_ 5<sup>th</sup> Period \_\_\_\_\_  
 2<sup>nd</sup> Period \_\_\_\_\_ 6<sup>th</sup> Period \_\_\_\_\_  
 3<sup>rd</sup> Period \_\_\_\_\_ 7<sup>th</sup> Period \_\_\_\_\_  
 4<sup>th</sup> Period \_\_\_\_\_ 8<sup>th</sup> 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.