

**NEW HAVEN UNIFIED SCHOOL DISTRICT**

**SHORT TERM/LIMITED SERVICE EMPLOYEES**

(To be filled out by administrator requesting employee placement in authorized position)

**Information on Person Hired as a Short Term/Limited Service Employee**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Site: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Schedule of Payments (*indicate if monthly amounts vary*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pay Method: \_\_\_\_\_ Hourly (*White Time Card Required*) \_\_\_\_\_ Monthly  
Pay Rate: \_\_\_\_\_  
Total Amount Not to Exceed: \_\_\_\_\_ (or) Total Hours Not To Exceed: \_\_\_\_\_  
Budget Code: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: The recommended individual must complete all employment requirements with Personnel Services prior to providing services.**