

NEW HAVEN UNIFIED SCHOOL DISTRICT CO-CURRICULAR SERVICES AUTHORIZATION

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

Information on Person Hired as a Co-Curricular Employee

Name: _____ ID#: _____

If not currently a district employee, provide address and telephone number below:

If replacing someone mid-assignment, name of person no longer in assignment:

Effective Date: _____

Co-Curricular Title: _____ Site: _____

Effective Dates (both required): Start: _____ End: _____

Pay Method: Hourly (*White Time Card Required*) Monthly
 Season _____ Semester Year

Pay Rate: Dollar Amount: \$ _____ Percentage: _____ %

Funding Source: _____
(Ex: Title I, District-Funded, ASB, Foundation, etc. ASB, indicate club if 6-12.)

Administrator Signature: _____ Date: _____

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

Personnel Use Only: Board Date: _____ Processed By: _____

CPR Expiration: _____ 1st Aid Expiration: _____ Swim Expiration: _____

TB Expiration: _____ Fingerprint Clearance: _____ Paperwork CIF Safe Schools

Account Code: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Account Code: _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

*Pay Calculation: Base _____ X _____ % X _____ seasons X _____ groups =

\$

*Per Diem (if any): Base _____ / _____ work year X _____ days =

\$

***All calculations subject to final verification by the payroll department.**

Payroll Use Only: July August September October November December January February March April May June