

**2014-2015 ANNUAL HOURLY POSITION APPROVAL FORM
FOR WORK OUTSIDE SCOPE OF REGULAR POSITION, INCLUDING ADMINISTRATORS,
DEANS OF STUDENTS AND TOSAS***

Location: _____ Date: _____

Job Class: (Check One) HADM (Administrator) HSUP(Support) HCER(Certified) HCLS(Classified)

Name of Employee/Candidate: _____

Social Security Number: _____ Employee ID Number: _____

Normal Work Hours, From: _____ (am/pm) To: _____(am/pm) Exempt Non-Exempt

Title of Proposed Hourly Work (Refer to Employee Handbook, Additional Pay Rates Schedule):

Start Date: _____ End Date: _____

Hours Per Week: _____ or Frequency _____

Refer to Employee Handbook, Additional Pay Rates Schedule:

Pay Rate: _____ Budget Code: _____

Rationale/ Justification (Refer to Employee Handbook, Additional Pay Rates Schedule)

Signature of Principal/Department Head

Date

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1) Approved: ___ Yes ___ No (If no, return to originator)

Signature of Chief/Executive Director

Date

2) Approved: ___ Yes ___ No (If no, return to originator)

Signature of Budget Services

Date

3) Approved: ___ Yes ___ No (if no, return to the originator)

Signature of Chief Human Resources Officer or Designee

Date

***This form is for annual purpose for funding approval, not to be confused with forms required by Financial Services on a bi-weekly basis. Copy of Form, Approved or not Approved, to be Returned to Originator. Rev. 9/10/14**