

CARBON COUNTY SCHOOL DISTRICT #2 PAYROLL AUTHORIZATION FORM

Revised 12/2016

THIS FORM IS TO BE COMPLETED BY THE ADMINISTRATOR AND SENT TO THE SUPERINTENDENT **PRIOR** TO THE HIRING OF ANYONE.

I request that _____ be hired for the
(Name: First, Last)

_____ School in the position of:

- _____ Central Office Bookkeeper/Secretary
- _____ Secretary to Principal

- _____ Supervisor of Maintenance & Custodians (Head Custodian)
- _____ Custodian
- _____ Part-Time Custodian
- _____ Substitute Custodian

- _____ Head Cook
- _____ Assistant Cook
- _____ Cooks Helper
- _____ Substitute Cooks Helper

- _____ Aide (**circle one**) Library, Office, Special Ed, Reg. Classroom, _____
- _____ Substitute Aide _____ other

- _____ Head Bus Driver
- _____ Route Bus Driver
- _____ Activity Bus Driver
- _____ Substitute Bus Driver

- _____ Student Help (on the job training)
- _____ Temporary Student Help (minimum wage)
- _____ Other (specify) _____

Starting Wage/Salary \$ _____ per hour; Number of hours per week _____;

Number of Weeks _____ or _____ months; FIRST DAY OF WORK _____

STATUS: (CHECK ONE)

STATUS: (CHECK ONE)

_____ Regular

_____ Full-Time (30 hours or more per week)

_____ Temporary

_____ Part-Time (less than 30 hours per week)

Coaching only:

_____ H.S. Coaching (contract amount = \$ _____)
 Head Coach _____ (sport) Pay Group _____ Step _____
 Asst. Coach _____ (sport) Pay Group _____ Step _____

_____ Jr. High/Middle Coaching (contract amount = \$ _____)
 First Asst. _____ (sport) Pay Group _____ Step _____
 Other Asst. _____ (sport) Pay Group _____ Step _____

_____ other (specify) _____

COMMENTS: _____

_____ New position or replacement of _____ in this position

Job Classification – Group A – B – C (Superintendent to circle one)

_____ Date: _____
Signature of requesting Administrator

_____ Date: _____
Signature approval of Superintendent or Business Manager