

# Compensation Outside Employment Agreement

## Pre Approval

Employee: \_\_\_\_\_ District: \_\_\_\_\_ Building: \_\_\_\_\_

Duration of Service: \_\_\_\_\_ Authorized Rate: \_\_\_\_\_ per \_\_\_\_\_ Units not to Exceed: \_\_\_\_\_

Details of work to be performed and / or completed: \_\_\_\_\_

Charge to: \_\_\_\_\_ % \_\_\_\_\_

Charge to: \_\_\_\_\_ % \_\_\_\_\_

Charge to: \_\_\_\_\_ % \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature (if applicable): \_\_\_\_\_ Date \_\_\_\_\_

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

Business Office Approval: \_\_\_\_\_ Date \_\_\_\_\_

*(All signatures are required before Business Office will approve)*

## Time Sheet

*(Pre Approval must be complete in order for Payroll to process timesheet)*

Day	Date ex: 7/8/13	Start Time ex: 7:45 am	End Time ex: 3:10 pm	Hours Worked ex: 7 hrs / 25 min.
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
////////////////////			Total Hours Worked:	

☐ Special Education ☐ EYS ☐ 504 ☐ Medicaid ☐ MOSAIC ☐ Title ☐ Curriculum Wk

☐ Special Programs (please name) \_\_\_\_\_ ☐ other \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Coordinator/Facilitator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Building Administrator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Time Sheet must be original**

(Copy for the # of pay periods necessary to fulfill work)