RUIDOSO MUNICIPAL SCHOOL DISTRICT
PERSONNEL INFORMATION FORM
TEMPORARY EMPLOYMENT

☐ TUTORING/INTERVENTION SERVICES
☐ Other (Specify): _____

Submit one form for each individual that is to be paid from Federal, State or Local Funds **AT LEAST 1 WEEK** before services begin.

Name: _____ School: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Fund: ☐ Title 1 ☐ School Improvement Grant
☐ Rural Low Income ☐ Other (Specify)_____

Account Code: (Must be Completed)_____

Hourly Rate: _____
Justification:

Beginning Date of Service:_____ Ending Date of Service:_____

Expected Hours Per Day: Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Total Hours Per Week: _____ Number of Weeks: _____

Total estimated number of hours for school year: _____

Total estimated cost for school year (include applicable benefits): _____

_____
Employee Signature

_____ _____
Principal/Program Supervisor Signature Date Superintendent Approval Signature Date

_____ _____
Payroll/Human Resources Office Signature Date Budget Approval Signature Date

For Office Use Only:

Personnel must provide all requires documentation prior to the first day of work, including background checks, wage information, W-4, etc. Timesheets will be submitted with requires approvals before payment is made. Incomplete forms will be returned.

08/22