Washington County Public Schools
Temporary Employment Form

Form Use

Date: 04/27/2018

Temporary Employee Information

_____ _____
Name *Employee ID #*

_____ _____ _____ _____
Street *City* *State* *Zip*

_____ _____
Phone *email (required)*

_____ _____
Employee's Signature *Date*

Assignment Information

School: _____ Position: _____

Charge To: _____ Requestor: _____

Dates of temporary employment will be: _____ _____
From *To*

Employee will work no more than: _____ hours per day

and _____ days per week

Totaling: _____ hours per week Hourly wage: _____

- ○ Yes
- ◉ No

Does this person perform other duties for WCPS?

Verification by HR

Fingerprints: _____ Last Employment Date: _____

CPS: _____

Approvals

_____ _____
Principal's Signature *Date*

_____ _____
Supervisor's Signature *Date*

_____ _____
HR Signature *Date*