

Rehire Form – Temporary **WIOA** Student Workers

Name _____

Position **WIOA Student Worker**

Address _____

Supervisor _____

Work Site _____

Phone _____

Work Site Address _____

S.S. # _____

Part Time: Yes

Retirement System: SERS

1'st Day of Work

No earlier than 7.1.19

Last Day to Work
6/30/20

Hours Per Day

Days Per Week
As Needed

Authorizing School Official Signature

Date

Salary Information
(Payroll use only)

Time Slips Y N

Budget Account Code:

Hourly Rate \$10.00

502 – 1270 – 172 – 9620 100 %

1st Day of Work _____

Last Day of Work 6/30/20

_____ %

1st Pay _____

Last Pay _____

JOBSCN: Pay Group: 18 Calendar: **DEF** Bldg Code _____

BIOSCN: Code 1 NA Code 2 12 Text: **999 Temp Student**

DEDSN - STATE: ODJFS Wage Reporting: N
NOT eligible for unemployment

Type of Contract: Temporary Student Worker

Board Meeting Approval: _____

<input type="checkbox"/>	Classified Alpha SS
<input type="checkbox"/>	Classified Budget SS