

Rehire Form – Temporary **TANF** Student Workers

Name _____

Position **TANF Student Worker**

Address _____

Supervisor _____

Work Site _____

Phone _____

Work Site Address _____

S.S. # _____

Part Time: Yes

Retirement System: SERS

1'st Day of Work

Last Day to Work

Hours Per Day

Days Per Week

No earlier than 10.1.19

6/30/20

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 – 9520 100 %

DAYS worked beginning 10/1/19

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: _____

- Classified Alpha SS
- Classified Budget SS