

PINELLAS COUNTY SCHOOLS  
PART-TIME HOURLY ACTION FORM

Board Date: \_\_\_\_\_

**Form must be completed 3 weeks PRIOR to start of work**

Effective Date: \_\_\_\_\_

Last 4 SS # \_\_\_\_\_

Name: \_\_\_\_\_  
Last App (Jr, III...) First Middle Initial

New Employee      OR       Current Employee

Remarks: \_\_\_\_\_

Replacement for: \_\_\_\_\_

**Part-Time Hourly Program (Select one) – \*Indicate all Subjects being taught for this program in the box provided below.**

- |   |   |
|---|---|
| <input type="checkbox"/> Career, Technical and Adult Education  | <input type="checkbox"/> Before/After/Saturday School Programs (non-ELP)<br>-(FL Cert. - any academic coverage) |
| <input type="checkbox"/> Elementary Reading Extended Learning Model -(FL Cert.)                                       | <input type="checkbox"/> Title I -(FL Cert.)  |
| <input type="checkbox"/> Extended Learning Program - During the school day -(FL Cert.)                                | <input type="checkbox"/> ABS Alternative Bell Schedule -(FL Cert. in Subject Area)                              |
| <input type="checkbox"/> Elementary Ed w/Read K-12 or Endorsement Required  |   |
| <input type="checkbox"/> Extended Learning Program - Before/After/Saturday School -(FL Cert. - any academic coverage) |   |

	Position From			Position To / Position New		
Position Number						
Cost Center Name						
PLD Number						
Hours / Days						
Hourly Rate						
*Subject Area Teaching for PTH						
Fund	Function	Object	Center	Project	Sub Project	Program

**FOR CHANGE IN CURRENT FUNDING STRIP (ONLY)**

Fund	Function	Object	Center	Project	Sub Project	Program

Secretary: \_\_\_\_\_

Phone Number w/ Ext: \_\_\_\_\_

\_\_\_\_\_  
Site Administrator Signature/ Date

\_\_\_\_\_  
Fund Authorizer/ Date

HUMAN RESOURCES ACTION ONLY						
<u>Salary Slot</u>	<u>Pay Type</u>	<u>Job #</u>		<u>Subject Area Teaching for PTH</u>		<u>Certified</u>
						___ Yes ___ No
<u>Primary Job</u> ___ Yes ___ No	<u>Additional Positions</u> ___ Yes ___ No					___ Yes ___ No
<u>PCSB#</u>	<u>FIRN #</u>	<u>FIRN Date</u>				___ Yes ___ No
<u>Completed &amp; Entered by</u>		<u>Date:</u>	<u>Completed by:</u>			
			<u>Approved to Hire:</u>		___ Yes ___ No <u>Authorizing Initials</u> _____	
<u>Fingerprinting</u>	<input type="checkbox"/> New <input type="checkbox"/> Resubmit <input type="checkbox"/> No Action Required					