



# Non-Contract Licensed *Elementary* Teacher – HOURLY ONLY Employment Form

TO: **ELEMENTARY** HUMAN RESOURCES

FROM: \_\_\_\_\_  
Principal School

\_\_\_\_\_  
Teacher Name Social Security/Employee ID #

\_\_\_\_\_  
Position Effective Date

**BUDGET:** \_\_\_\_\_

**Minimum: 1 hour per day**  
**Maximum: 2 hours 45 minutes per day**

Check the applicable box for the amount of time:

<input checked="" type="checkbox"/>	Hour(s) Per Day	FTE Equivalency
<input type="checkbox"/>	1 hour	.1667
<input type="checkbox"/>	1 hour 30 minutes	.2500
<input type="checkbox"/>	2 hours	.3333
<input type="checkbox"/>	2 hours 30 minutes	.4167
<input type="checkbox"/>	2 hours 45 minutes	.4583

\_\_\_\_\_  
Principal or Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Approval

\_\_\_\_\_  
Date