

STAFFING REQUEST

(Only one staff member per form.)

PLEASE PRINT

NAME: _____
(Last) (First) (MI) _

ADDRESS: _____
(Street) (City) (Zip)

PHONE: __ (____) _____ - _____ SOC. SEC. #: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RACE: ____ SEX: ____

DATES OF SERVICE:

SERVICES TO BE PERFORMED: (Detailed)

CHECK ONE and SIGN HERE: (Dept. Chair) _____ DATE: _____

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Musical Theatre | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Theatre | <input type="checkbox"/> Vocal Music |
| <input type="checkbox"/> Executive | <input type="checkbox"/> Yearbook | <input type="checkbox"/> Parking |

<u>POSITION</u>	<u>RATE OF PAY</u>
<input type="checkbox"/> Part-Time Hourly	<input type="checkbox"/> \$ 31.00 per hour
<input type="checkbox"/> Accompanist	\$ 17.00 per hour
<input type="checkbox"/> Model	\$ 10.00 per hour
<input type="checkbox"/> Visiting Artist Amount To Be Paid	\$ _____.
<u>ADDITIONAL EXPENSES</u>	
<input type="checkbox"/> Travel _____	\$ _____.
<input type="checkbox"/> Lodging _____	\$ _____.

ACCOUNT TO BE CHARGED

(Check One)

Operational

- 112100 - PT Hourly 300000 - Contracts 152000 - Substitutes

(98300 Operational)

Student Activities

- | | |
|---|--|
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Student Fees |
| <input type="checkbox"/> Materials/Supplies | <input type="checkbox"/> Student Tickets |
| <input type="checkbox"/> Performances | <input type="checkbox"/> Student Trips |
| <input type="checkbox"/> Other _____ | |

Hold Check

Mail Check

Signature: _____ Date: _____ Approved Disapproved

Leon F. Hughes, Executive Director