



NEW

ALL TIMESHEETS NEED TO BE SIGNED BY
EMPLOYEE AND SUPERVISOR AND
ORIGINAL (WET SIGNATURE) SENT IN TO
PAYROLL BY 5:00 PM ON THE 17TH OF
EVERY MONTH



Personnel Requisition Timeline

- PR's are due **BEFORE** employee works **(at least 3 weeks prior)**
- All blanks should be filled in on the PR (put N/A where it is not applicable)
- All PR's need to be signed by requesting Employee, Supervisor, Human Resources, Business Office Accountant, Fiscal Director and Project Director if required.
- **Then it finally comes to payroll!**
- NOTE: As noted above be sure to scan the required items to the HR/Payroll email address at HR Payroll@nmcusd.org.
- NOTE: Budgets have been prepared with expected extra hours, and or overtime. PR's can and should be submitted based on Budget and can be updated as needed.



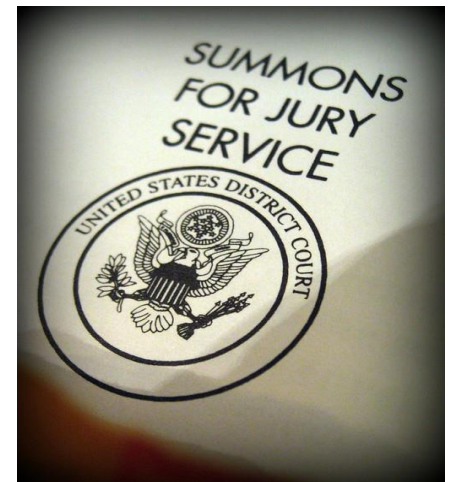
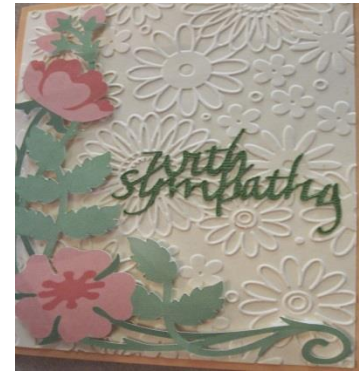
Please keep the original documents on file at your location in case there is a need to review and or reconcile what was received via the HR/Payroll email address.

Fiscal Year 2024-2025 Time Sheets & Personnel Requisitions



Classified Sub Object 10 for Personal Time Off
Personal Requisition REQUIRED for Substitute Three (3) weeks
prior

NEW



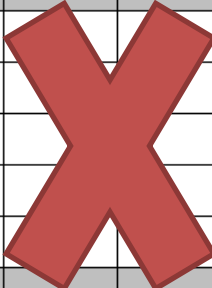
CLASSIFIED SUBSTITUTE TIME SHEET FOR PERSONAL TIME OFF (SUB OBJECT 10)

June ← Pick Month **NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT** Pick Year → 2019
CLASSIFIED SUPPLEMENTAL TIMESHEET

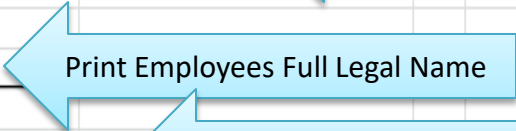
Employee Name: EMPLOYEE FULL LEGAL NAME Employee ID/Last 4 SS#: EMPLOYEE ID # or Last 4 of SS#


Position: **SUBSTITUTE** SUB OBJECT **10**
 Job Site: ← Pick Site or Department Personal Time Off

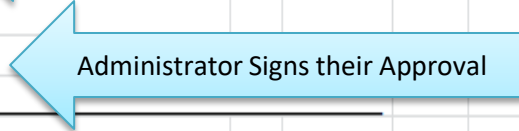
DUE IN DISTRICT OFFICE: July 17, 2019 **Pay Period Ending: July 15, 2019**

Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT			
06/16/19								
06/17/19								
06/18/19								
06/19/19	# OF HOURS WORKED IN QUARTER HOURS examples: 2.0 or 2.25 2.50 or 2.75	WHAT POSITION ARE YOU WORKING & WHY IS THE EMPLOYEE OUT? Examples: Yard Duty, Child Nutrition, Bus Driver, Van Driver, PARA, IA, Custodian, Admin Asst, etc. Examples: Sick, PN, Bereavement or Jury Duty <u>ALL OF THESE NEED A PR BEFORE YOU CAN SEND IN THIS TIME SHEET</u>	WHO ARE YOU SUBSTITUTING FOR? FULL NAME AND EMPLOYEE ID #					
06/20/19								
06/21/19								
06/22/19								
06/23/19								
06/24/19								
06/25/19								
06/26/19								
06/27/19								
06/28/19								
06/29/19								
06/30/19								

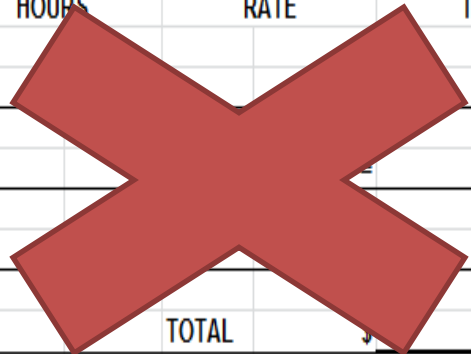
07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS			

Print Name: _____
 Print Employees Full Legal Name

Employee Signature: _____
 Employee Signs Full Legal Name

Administrator Signature: _____
 Administrator Signs their Approval

OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



Classified Sub Object 30/50 for Extra Hours/Overtime
**Personal Requisition REQUIRED for Employee Three (3) weeks
prior**

NEW

Para - Rider

Yard Duty -
Meeting

Custodian
- Soccer

Child Care -
Adult Ed

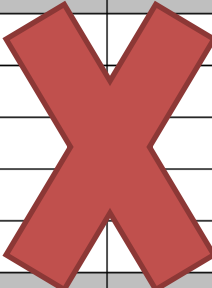
Admin Asst -
Meeting

IA -
Additional
Support

ASES
Educator

Bus Driver -
Field Trip

CLASSIFIED EXTRA HOURS/OT TIME SHEET (SUB OBJECT 30/50)

June		NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT			2019	
← Pick Month		CLASSIFIED SUPPLEMENTAL TIMESHEET			Pick Year →	
Employee Name:			Employee ID/Last 4 SS#:			
EMPLOYEE FULL LEGAL NAME			EMPLOYEE ID # or Last 4 of SS#			
Position:		EXTRA HOURS / OT		SUB OBJECT 30/50		
Job Site:		← Pick Site or Department		extra hours or overtime		
DUE IN DISTRICT OFFICE: July 17, 2019			Pay Period Ending: July 15, 2019			
Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT	
06/16/19						
06/17/19						
06/18/19						
06/19/19	# OF HOURS WORKED IN QUARTER HOURS examples: 2.0 or 2.25 2.50 or 2.75	WHAT POSITION ARE YOU WORKING & WHAT IS THE REASON? Examples: Yard Duty, Child Nutrition, Bus Driver, Van Driver, PARA, IA, Custodian, Admin Asst, etc. Examples: Coder Dojo, Soccer Game, Saturday School, Rider, Meeting <u>ALL OF THESE NEED A PR BEFORE YOU CAN SEND IN THIS TIME SHEET</u>	This should be left blank as there would be no one that you would be substituting for.			
06/20/19						
06/21/19						
06/22/19						
06/23/19						
06/24/19						
06/25/19						
06/26/19						
06/27/19						
06/28/19						
06/29/19						
06/30/19						

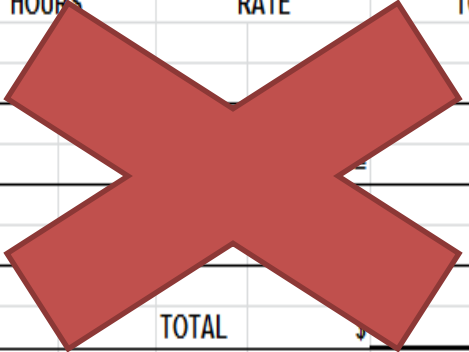
07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS	← Total hours worked for this time sheet		

Print Name: _____ ← Print Employees Full Legal Name

Employee Signature: _____ ← Employee Signs Full Legal Name

Administrator Signature: _____ ← Administrator Signs their Approval

OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



Classified Sub Object 10 for Working Out of Class
**Personal Requisition REQUIRED for Employee Three (3) weeks
prior**

NEW

Out of Class is when “An employee assigned duties not part of his/her classification for more than five working days, within a 15 calendar pay period”.

[CSEA Article 8 Section 8.12](#)

CLASSIFIED OUT OF CLASS TIME SHEET (SUB OBJECT 10)

June		NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT CLASSIFIED SUPPLEMENTAL TIMESHEET			2019	
Employee Name:		Employee ID/Last 4 SS#:				
EMPLOYEE FULL LEGAL NAME		EMPLOYEE ID # or Last 4 of SS#				
Position: OUT OF CLASS		SUB OBJECT 10				
Job Site:		Out of class				
DUE IN DISTRICT OFFICE: July 17, 2019				Pay Period Ending: July 15, 2019		
Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT	
06/16/19						
06/17/19						
06/18/19						
06/19/19						
06/20/19						
06/21/19						
06/22/19						
06/23/19						
06/24/19						
06/25/19						
06/26/19						
06/27/19						
06/28/19						
06/29/19						
06/30/19						

Pick Month

Pick Year

EMPLOYEE FULL LEGAL NAME

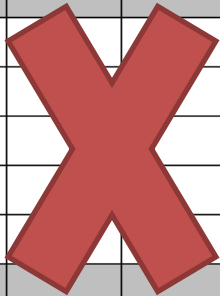
EMPLOYEE ID # or Last 4 of SS#

Pick Site or Department

OF HOURS WORKED IN QUARTER HOURS
examples:
2.0 or 2.25
2.50 or 2.75

WHAT POSITION ARE YOU WORKING TO GET THE OUT OF CLASS
Examples: Yard Duty, Child Nutrition, Bus Driver, Van Driver, PARA, IA, Custodian, Admin Asst, etc.
Followed by "out of class"
ALL OF THESE NEED A PR BEFORE YOU CAN SEND IN THIS TIME SHEET

This should be left blank as there would be no one that you would be substituting for.



07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS			

← Total hours worked for this time sheet

Print Name: _____

← Print Employees Full Legal Name

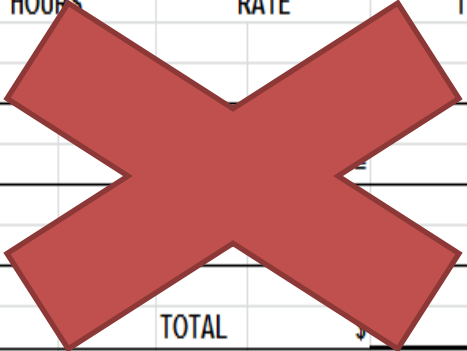
Employee Signature: _____

← Employee Signs Full Legal Name

Administrator Signature: _____

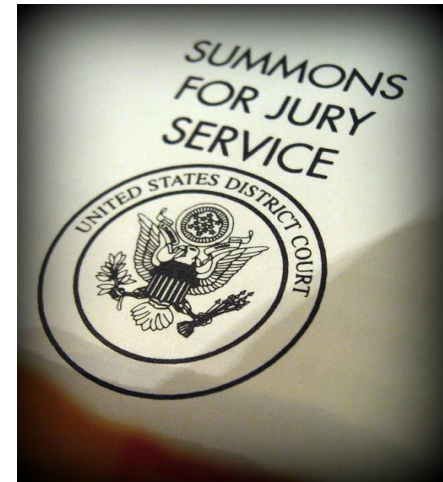
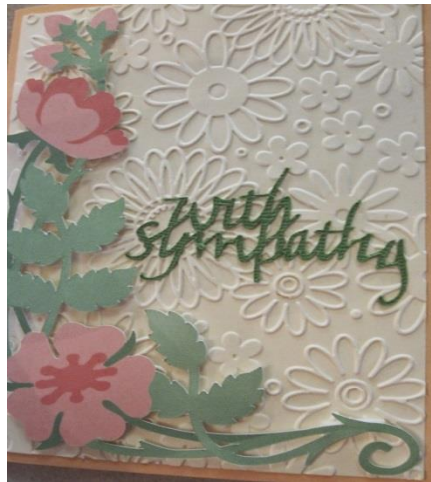
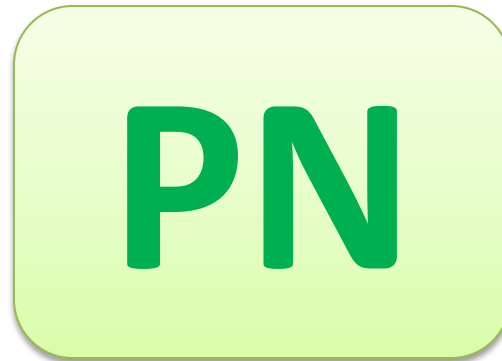
← Administrator Signs their Approval

OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



Certificated Sub Object 10 for Personal Time Off
Personal Requisition REQUIRED for Substitute Three (3) weeks
prior

NEW



CERTIFICATED SUBSTITUTE TIME SHEET FOR PERSONAL TIME OFF (SUB OBJECT 10)

**NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
CERTIFICATED SUPPLEMENTAL TIMESHEET**

June ← Pick Month Pick Year → 2019

Employee Name: _____ Employee ID/Last 4 SS#: _____

EMPLOYEE FULL LEGAL NAME EMPLOYEE ID # or Last 4 of SS#

Position: **SUBSTITUTE** **SUB OBJECT 10**

Job Site: _____ ← Pick Site or Department Personal Time Off

DUE IN DISTRICT OFFICE: July 17, 2019

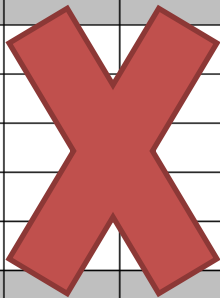
Pay Period Ending: July 15, 2019

Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT
06/16/19					
06/17/19					
06/18/19					
06/19/19					
06/20/19					
06/21/19					
06/22/19					
06/23/19					
06/24/19					
06/25/19					
06/26/19					
06/27/19					
06/28/19					
06/29/19					
06/30/19					

OF HOURS WORKED IN QUARTER
HOURS examples: 2.0 or 2.25, 2.50 or 2.75

WHY IS THE EMPLOYEE OUT?
Examples: Sick, PN, Bereavement or Jury Duty
ALL OF THESE NEED A PR BEFORE YOU CAN SEND IN THIS TIME SHEET

WHO ARE YOU SUBSTITUTING FOR?
FULL NAME AND EMPLOYEE ID #

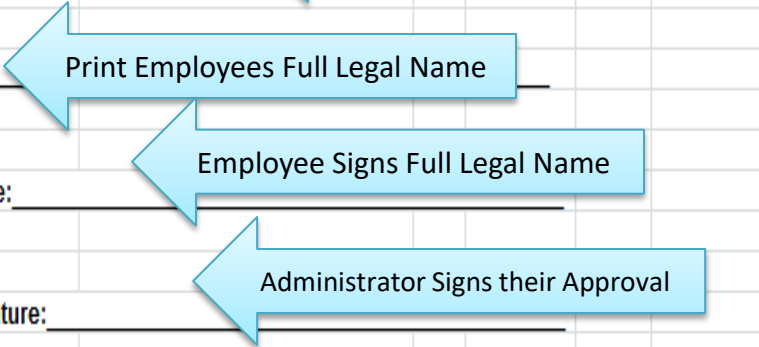


07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS	Total hours worked for this time sheet		

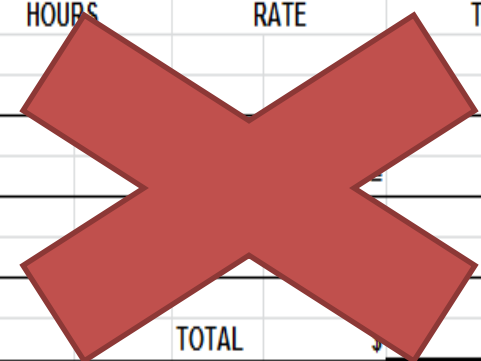
Print Name: _____

Employee Signature: _____

Administrator Signature: _____



OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



Certificated Sub Object 30 for Extra Hours
Personal Requisition REQUIRED for Employee Three (3) weeks prior

NEW

GED/Citizenship
Teacher

Tutoring

Preschool
Teacher

Home &
Hospital

Kinder Round
Up

AG Careers
Pathway

PAT
Educator

Student
Engagement
Meetings

CERTIFICATED EXTRA HOURS TIME SHEET (SUB OBJECT 30)

← Pick Month
NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
Pick Year →
2019

CERTIFICATED SUPPLEMENTAL TIMESHEET

Employee Name: _____ Employee ID/Last 4 SS#: _____

EMPLOYEE FULL LEGAL NAME
EMPLOYEE ID # or Last 4 of SS#

Position: **EXTRA HOURS** **SUB OBJECT 30**

Job Site: _____ ← Pick Site or Department

extra hours

DUE IN DISTRICT OFFICE: July 17, 2019 **Pay Period Ending: July 15, 2019**

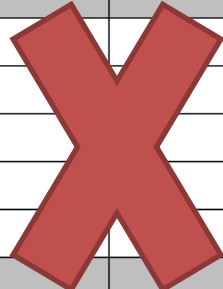
Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT
06/16/19					
06/17/19					
06/18/19					
06/19/19					
06/20/19					
06/21/19					
06/22/19					
06/23/19					
06/24/19					
06/25/19					
06/26/19					
06/27/19					
06/28/19					
06/29/19					
06/30/19					
07/01/19					

OF HOURS WORKED IN QUARTER HOURS
 examples:
 2.0 or 2.25
 2.50 or 2.75

WHAT IS THE REASON YOU ARE WORKING THE EXTRA HOURS?
 Examples: Tutoring, Kinder Round Up, Meetings, PAT Educator, Home & Hospital, GED/Citizenship Teacher, etc.

ALL OF THESE NEED A PR BEFORE YOU CAN SEND IN THIS TIME SHEET

This should be left blank as there would be no one that you would be substituting for.

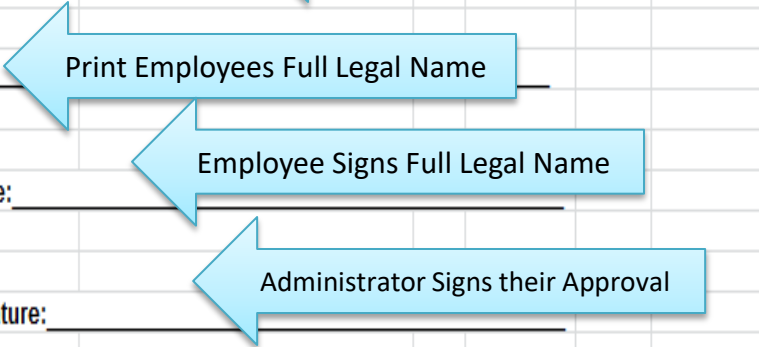


07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS	Total hours worked for this time sheet		

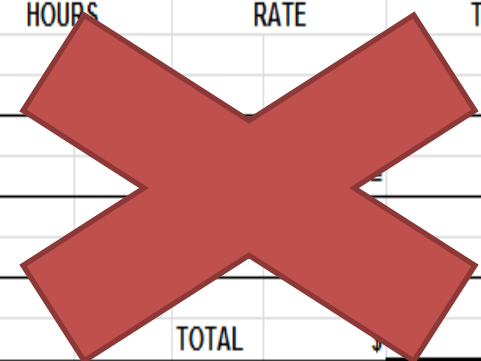
Print Name: _____

Employee Signature: _____

Administrator Signature: _____



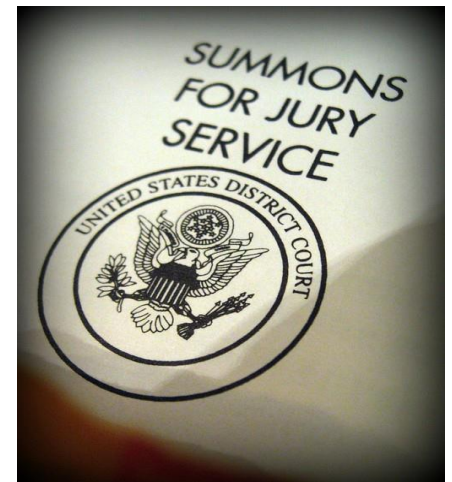
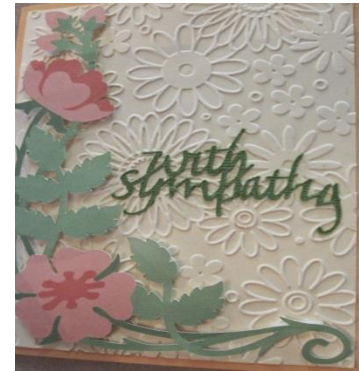
OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



HIGH SCHOOL & MIDDLE SCHOOL ONLY

Certificated Sub Object 35 for PREP Hour

NO PR needed but may require Staff Development



CERTIFICATED PREP HOUR TIME SHEET (SUB OBJECT 35)

**NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
CERTIFICATED SUPPLEMENTAL TIMESHEET**

June ← Pick Month Pick Year → 2019

Employee Name: Employee ID/Last 4 SS#:

EMPLOYEE FULL LEGAL NAME EMPLOYEE ID # or Last 4 of SS#

Position: **PREP** **SUB OBJECT 35**

Job Site: ← Pick Site or Department **PREP**

DUE IN DISTRICT OFFICE: July 17, 2019 **Pay Period Ending: July 15, 2019**

Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT
06/16/19					
06/17/19					
06/18/19					
06/19/19					
06/20/19					
06/21/19					
06/22/19					
06/23/19					
06/24/19					
06/25/19					
06/26/19					
06/27/19					
06/28/19					
06/29/19					
06/30/19					

↑

HOURS WORKED CAN ONLY BE **1.0** ON ANY GIVEN DAY

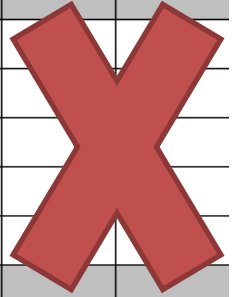
↑

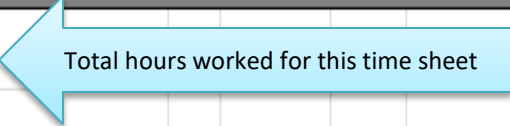
WHY IS THE EMPLOYEE OUT?
Examples: Sick, PN, Bereavement, Jury Duty, Staff Development

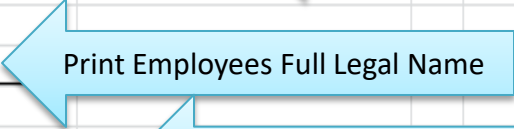
Only Staff Development needs a Staff Development Form


↑

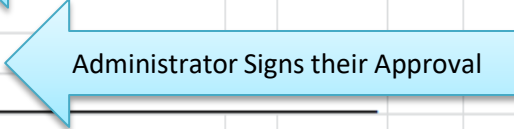
WHO ARE YOU SUBSTITUTING FOR DURING YOUR PREP TIME?
FULL NAME AND EMPLOYEE ID #



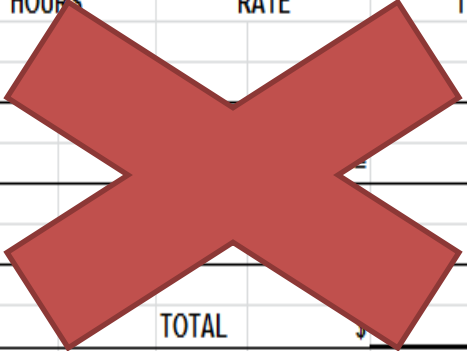
07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS	 Total hours worked for this time sheet		

Print Name: _____  Print Employees Full Legal Name

Employee Signature: _____  Employee Signs Full Legal Name

Administrator Signature: _____  Administrator Signs their Approval

OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



Certificated Sub Object 12 for Staff Development Substitute
REQUIRES a Staff Development Form

Department
Curriculum
Planning

Arts &
Integration

ELA Adoption

CADA
Conference

Fountas & Pinell
Program
Support

IEP/SST
Meetings

CERTIFICATED STAFF DEVELOPMENT TIME SHEET (SUB OBJECT 12)

← Pick Month
NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
Pick Year →

CERTIFICATED SUPPLEMENTAL TIMESHEET 2019

Employee Name: _____ Employee ID/Last 4 SS#: _____

EMPLOYEE FULL LEGAL NAME
EMPLOYEE ID # or Last 4 of SS#

Position: **STAFF DEVELOPMENT - SUB** **SUB OBJECT 12**

Staff Development Substitute

Job Site: _____ ← Pick Site or Department

DUE IN DISTRICT OFFICE: July 17, 2019 **Pay Period Ending: July 15, 2019**

Date	Hrs Wkd	REASON	Who are you substituting for?	ST	OT	
06/16/19						
06/17/19						
06/18/19						
06/19/19	<div style="border: 1px solid black; padding: 5px;"> # OF HOURS WORKED IN QUARTER HOURS examples: 2.0 or 2.25 2.50 or 2.75 </div>	<div style="border: 1px solid black; padding: 10px;"> WHAT IS THE STAFF DEVELOPMENT REASON? Examples: Department Curriculum Planning, Arts & Integration, ELA Adoption, CADA Conference, Fountas & Pinell Program Support or IEP/SST Meetings, etc. <u>Staff Development Form is REQUIRED</u> </div>	<div style="border: 1px solid black; padding: 10px;"> WHO ARE YOU SUBSTITUTING FOR? FULL NAME AND EMPLOYEE ID # </div>			
06/20/19						
06/21/19						
06/22/19						
06/23/19						
06/24/19						
06/25/19						
06/26/19						
06/27/19						
06/28/19						
06/29/19						
06/30/19						

07/13/19					
07/14/19					
07/15/19					
		TOTAL HOURS	Total hours worked for this time sheet		

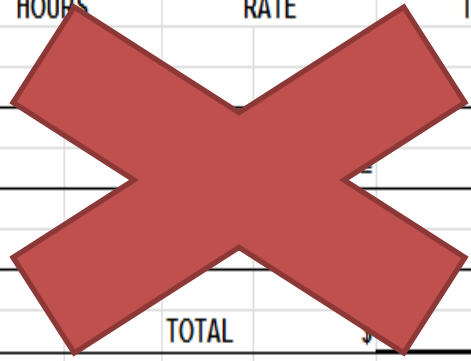
Print Name: _____
 Employee Signature: _____
 Administrator Signature: _____

Print Employees Full Legal Name

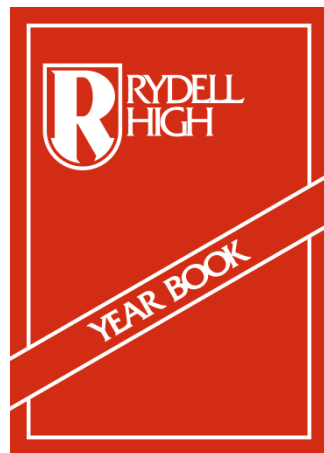
Employee Signs Full Legal Name

Administrator Signs their Approval

OFFICE USE ONLY			
ST/OT	HOURS	RATE	TOTAL
	X		
	X		
	X		
		TOTAL	



Stipend Personnel Requisition



Stipend Personnel Requisition

NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
PERSONNEL REQUISITION/ACTION DATA

HUMAN RESOURCES DEPT. ONLY
Person Hired: _____
Start Date: _____
Separation Date: _____

Date: 7/1/2019 Department/School: Castroville Requested By: Yoli Paredes
Employee: Edna Employee Social Security No. Last 4 SS or Emp ID 1234

CHECK APPROPRIATE ACTION:

____ New Hire (Replacement for: _____) ____ New Position (Budgeted/Board Action) ____ Resignation
Bilingual: ____ Yes ____ No ____ Preferred ____ Extra Hours (not to exceed ____ n/a
X ____ Stipend (Remarks section must be completed) ____ Other (Remarks section must be completed)

POSITION INFORMATION:

Job Title: _____ Site _____
Work Days: _____ Hours per Day _____ From _____ AM _____ PM To _____ AM _____ PM
Months per year: 9.5 10 11 12 (Circle one) PROPOSED: Start Date: 9/23/2019 End Date: 9/27/2019

CHANGES: Effective Date _____

CHANGE IN HOURS: _____

JOB SITE TRANSFER: _____

POSITION CHANGE: From _____ To _____

All YELLOW areas MUST be filled in

Stipend Personnel Requisition

CHARGE TO: 1) _____ 2) _____ 3) _____

Funding Source	%	Fund <small>(2)</small>	Resource <small>(4)</small>	Year <small>(1)</small>	Goal <small>(4)</small>	Function <small>(4)</small>	Object <small>(4)</small>	Sub.Obj. <small>(2)</small>	School <small>(3)</small>	Local <small>(4)</small>	Manager <small>(4)</small>
1)	100	01	3010	0	1110	1000	1100	60	001	0000	3001
2)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Remarks: Science Camp Coordinator \$500.00 to be paid on Supplemental pay day in October 2019.

(MUST HAVE ALL REQUIRED SIGNATURES TO PROCESS)

Employee Signature	Date	Supervisor/Principal	Date
Project Dir. Approval (If required)	Date	Human Resources	Date
Business Manager	Date		

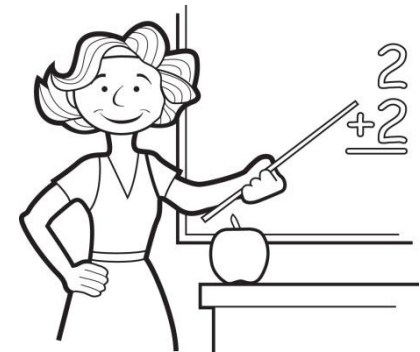
FOR DISTRICT USE ONLY	BENEFIT ENTITLEMENT
Step & Range _____ Hourly Rate _____	MEDICAL _____ %
Retirement: _____	DENTAL _____ %
<div style="display: flex; justify-content: space-between;"> PERS _____ _____ </div>	

White - Payroll
Revised 01/16/14

Green - Re _____

All YELLOW areas MUST be filled in

Certificated Extra Hours Personnel Requisition



Certificated Extra Hours Personnel Requisition

NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
PERSONNEL REQUISITION/ACTION DATA

HUMAN RESOURCES DEPT. ONLY

Person Hired: _____

Start Date: _____

Separation Date: _____

Date: 7/1/2019 Department/School: Echo Valley Requested By: Carol Ruvalcaba

Employee: Ella Employee Social Security No. _____

Last 4 SS or
Emp ID

1234

CHECK APPROPRIATE ACTION:

____ New Hire (Replacement for: _____) ____ New Position (Budgeted/Board Action) ____ Resignation

Bilingual: ____ Yes ____ No ____ Preferred Extra Hours (not to exceed 45)

____ Stipend (Remarks section must be completed) ____ Other (Remarks section must be completed)

POSITION INFORMATION:

Job Title: Teacher/Tutoring Site: Echo Valley

Work Days: _____ Hours per Day _____ From _____ AM
PM To _____ AM
PM

Months per year: 9.5 10 11 12 (Circle one) PROPOSED: Start Date: 8/1/2019 End Date: 5/31/2020

CHANGES: Effective Date _____

CHANGE IN HOURS: From _____ To _____

JOB SITE TRANSFER: From _____

POSITION CHANGE: From _____

All YELLOW areas MUST be filled in

Certificated Extra Hours Personnel Requisition

CHARGE TO: 1) _____ 2) _____ 3) _____

Funding Source	%	Fund (2)	Resource (4)	Year (1)	Goal (4)	Function (4)	Object (4)	Sub.Obj. (2)	School (3)	Local (4)	Manager (4)
1)	100	01	7510	0	1110	1000	1100	30	002	0000	1002
2)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Remarks: Extra hours to be paid on Supplemental Time Sheet for Student Tutorial Time paid at \$32.40

(MUST HAVE ALL REQUIRED SIGNATURES TO PROCESS)

Employee Signature Date

Supervisor/Principal Date

 Project Dir. Approval (If required) Date

Human Resources Date

Business Manager Date

FOR DISTRICT USE ONLY

Step & Range _____ Hourly Rate _____

Retirement:
PERS STRS NOT ELIG.

White – Payroll
 Revised 01/16/14

Green – Returned to originator

Yellow – Human Resources

BENEFIT ENTITLEMENT

MEDICAL _____ %

DENTAL _____ %

VISION _____ %

Pink – Benefits

Goldenrod – Originator

All YELLOW areas MUST be filled in

Group Time Sheet Personnel Requisition



Group Time Sheet Personnel Requisition

NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
PERSONNEL REQUISITION/ACTION DATA

HUMAN RESOURCES DEPT. ONLY

Person Hired: _____

Start Date: _____

Separation Date: _____

Date: 7/1/2019 Department/School: Elkhorn Requested By: Alex Heras

Employee: GROUP TIME SHEET Social Security No. _____

CHECK APPROPRIATE ACTION:

____ New Hire (Replacement for: _____) ____ New Position (Budgeted/Board Action) ____ Resignation

Bilingual: ____ Yes ____ No ____ Preferred Extra Hours (not to exceed 50)

____ Stipend (Remarks section must be completed) ____ Other (Remarks section must be completed)

POSITION INFORMATION:

Job Title: Yard Duty Site: Elkhorn

Work Days: _____ Hours per Day _____ From _____ AM/PM To _____ AM/PM

Months per year: 9.5 10 11 12 (Circle one) PROPOSED: Start Date: 8/1/2019 End Date: 5/31/2020

CHANGES: Effective Date _____

CHANGE IN HOURS: From _____ To _____

JOB SITE TRANSFER: From _____

POSITION CHANGE: From _____

All YELLOW areas MUST be filled in

Group Time Sheet Personnel Requisition

CHARGE TO: 1) _____ 2) _____ 3) _____

Funding Source	%	Fund (2)	Resource (4)	Year (1)	Goal (4)	Function (4)	Object (4)	Sub.Obj. (2)	School (3)	Local (4)	Manager (4)
1)	100	01	1100	0	1110	2490	2200	30	003	0012	3003
2)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Remarks: Extra hours to be paid on Group Time Sheet for Yard Duty Meetings

(MUST HAVE ALL REQUIRED SIGNATURES TO PROCESS)

Employee Signature	Date	Supervisor/Principal	Date
Project Dir. Approval (If required)	Date	Human Resources	Date
Business Manager	Date		

FOR DISTRICT USE ONLY

Step & Range _____ Hourly Rate _____

Retirement:

PERS STRS NOT ELIG.

BENEFIT ENTITLEMENT

MEDICAL _____ %

DENTAL _____ %

VISION _____ %

White – Payroll Green – Returned to originator Yellow – Human Resources Pink – Benefits Goldenrod – Originator

Revised 01/16/14

All YELLOW areas MUST be filled in

Classified Extra Hours/Overtime Personnel Requisition



Classified Extra Hours/Overtime Personnel Requisition

NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT PERSONNEL REQUISITION/ACTION DATA

HUMAN RESOURCES DEPT. ONLY

Person Hired: _____

Start Date: _____

Separation Date: _____

Date: 7/1/2019 Department/School: Prunedale Requested By: Susy Gonzalez

Employee: Edward Employee Social Security No. _____

Last 4 SS or
Emp ID

1234

CHECK APPROPRIATE ACTION:

New Hire (Replacement for: _____) New Position (Budgeted/Board Action) Resignation

Bilingual: Yes No Preferred Extra Hours (not to exceed 20)

Stipend (Remarks section must be completed) Other (Remarks section must be completed)

POSITION INFORMATION:

Job Title: _____ Site: Prunedale

Work Days: _____ Hours per Day _____ From _____ AM/PM To _____ AM/PM

Months per year: 9.5 10 11 12 (Circle one) PROPOSED: Start Date: 3/1/2020 End Date: 3/30/2020

CHANGES: Effective Date _____

CHANGE IN HOURS: From _____

JOB SITE TRANSFER: From _____

POSITION CHANGE: From _____

All YELLOW areas MUST be filled in

Classified Extra Hours/Overtime Personnel Requisition

CHARGE TO: 1) _____ 2) _____ 3) _____

Funding Source	%	Fund (2)	Resource (4)	Year (1)	Goal (4)	Function (4)	Object (4)	Sub.Obj. (2)	School (3)	Local (4)	Manager (4)
1)	100	01	3010	0	1110	2700	2400	30/50	006	0000	1006
2)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Remarks: Extra hours to be paid for Kinder Round Up

(MUST HAVE ALL REQUIRED SIGNATURES TO PROCESS)

Employee Signature _____ Date _____ Supervisor/Principal _____ Date _____
 Project Dir. Approval (If required) _____ Date _____ Human Resources _____ Date _____
 Business Manager _____ Date _____

FOR DISTRICT USE ONLY

Step & Range _____ Hourly Rate _____
 Retirement: _____
 PERS STRS NOT ELIG.

BENEFIT ENTITLEMENT

MEDICAL _____ %
 DENTAL _____ %
 VISION _____ %

White – Payroll
 Revised 01/16/14

Green – Returned to originator

Yellow – Human Resources

Pink – Benefits

Goldenrod – Originator

All YELLOW areas MUST be filled in

Classified Extra Hours/Overtime Personnel Requisition



Classified Extra Hours/Overtime Personnel Requisition

NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT
PERSONNEL REQUISITION/ACTION DATA

HUMAN RESOURCES DEPT. ONLY

Person Hired: _____

Start Date: _____

Separation Date: _____

Date: 7/1/2019 Department/School: Migrant Requested By: Karina Herrera

Employee: Edgar Employee Social Security No. 1234

Last 4 SS or
Emp ID

CHECK APPROPRIATE ACTION:

____ New Hire (Replacement for: _____) ____ New Position (Budgeted/Board Action) ____ Resignation

Bilingual: ____ Yes ____ No ____ Preferred Extra Hours (not to exceed 15)

____ Stipend (Remarks section must be completed) ____ Other (Remarks section must be completed)

POSITION INFORMATION:

Job Title: Childcare Site Migrant

Work Days: _____ Hours per Day _____ From _____ AM PM To _____ AM PM

Months per year: 9.5 10 11 12 (Circle one) PROPOSED: Start Date: 8/1/2019 End Date: 5/31/2020

CHANGES: Effective Date _____

CHANGE IN HOURS: From _____ To _____

JOB SITE TRANSFER: Fro

POSITION CHANGE: Fro

All YELLOW areas MUST be filled in

Classified Extra Hours/Overtime Personnel Requisition

CHARGE TO: 1) _____ 2) _____ 3) _____

Funding Source	%	Fund (2)	Resource (4)	Year (1)	Goal (4)	Function (4)	Object (4)	Sub.Obj. (2)	School (3)	Local (4)	Manager (4)
1)	100	01	3060	0	4850	2495	2900	30/50	000	0000	4025
2)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Remarks: Extra hours to be paid on Supplemental Time Sheet for Childcare Parent Meetings

(MUST HAVE ALL REQUIRED SIGNATURES TO PROCESS)

Employee Signature _____ Date _____ Supervisor/Principal _____ Date _____

Project Dir. Approval (If required) _____ Date _____ Human Resources _____ Date _____

Business Manager _____ Date _____

FOR DISTRICT USE ONLY

Step & Range _____ Hourly Rate _____

Retirement: PERS _____ STRS _____ NOT ELIG. _____

BENEFIT ENTITLEMENT

MEDICAL _____ %

DENTAL _____ %

VISION _____ %

White – Payroll Revised 01/16/14 Green – Returned to originator Yellow – Human Resources Pink – Benefits Goldenrod – Originator

All YELLOW areas MUST be filled in



