

Office of Human Resources

Phone 952.681.6446
Fax 952.681.6449



Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126
www.bloomington.k12.mn.us

BLOOMINGTON PUBLIC SCHOOLS TEMPORARY ASSIGNMENT

Name of Employee: _____ Date: _____
Employee Number: _____ Location: _____

Upon recommendation of the administration, you have been assigned an extracurricular activity or the following additional assignment:

(Name of Assignment)

To begin (on or about) _____
and end (on or about) _____

For this additional assignment, you will be paid: \$ _____
Plus experience factor \$ _____
Total, subject to Federal & State withholdings. \$ _____

Explanation (required):

To be paid as follows: Prorate (for pay periods remaining after receipt in Payroll)
 Lump sum on (date) _____

Budget Code: _____

Signatures:

For Payroll use only:

Employee Date

Supervisor Date

Human Resources Director Date

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