

Office of Human Resources

Phone 952.681.6446
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Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126
www.bloomington.k12.mn.us

BLOOMINGTON PUBLIC SCHOOLS TEMPORARY ASSIGNMENT

Name of Teacher: _____ Date: _____
Employee Number: _____ School: _____

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) _____

This assignment is not included as part of your contract with Bloomington Public Schools per Statue 122A.40.

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

Explanation (required): (Example: Schedule C – Baseball – Head Coach – 6+ years)

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:

Teacher Date

Activities/Athletic Director Date

Principal Date

Human Resources Director Date

This temporary assignment is made pursuant to the terms of the Contract between the District and the Bloomington Federation of Teachers and is subject to termination at any time at the option of the District or the Teacher.

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