

SCHOOL LETTERHEAD

COMPENSATION RATES FOR CLASSIFIED (NON-EXEMPT) STAFF

SCHOOL YEAR 2014-2015

(This form must be completed at the beginning of each school year and kept in the school, together with other personnel records. Please send a copy of the completed form to the Department of Catholic Schools only when requested.)

Last Name _____

First Name _____

Social Security Number _____

Date Hired _____

Job Title/Position _____

Effective July 1, 2014

The following applies to the person named and the job position stated above:

Full Time _____

Part Time _____

Hours Per Day
(excluding lunch) _____

*unpaid lunch time: 30 minutes _____

1 hour _____

Regular Hourly Rate _____

Received and Acknowledged:

Employee Date

Principal (or President) Date

