

SCHOOL LETTERHEAD

COMPENSATION RATES FOR CLASSIFIED (NON-EXEMPT) STAFF

SCHOOL YEAR 20____ - 20____

(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: _____

SSN: _____

Date Hired: _____

Job Title/Position: _____

Effective _____, 20____

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

