

GILBERT PUBLIC SCHOOLS PAYMENT FOR ADDITIONAL WORK

NOTE: WORK THAT EXTENDS BEYOND FISCAL YEAR END, MUST BE SUBMITTED ON A NEW FORM FOR THE NEW SCHOOL YEAR.

To pre-approve work: Employee and supervisor complete top of form and send to district administrator. The white and yellow copy will be returned to employee for submittal to Human Resources upon completion of work.

For rental, on call, overtime pay, complete and submit white and yellow copies of form to District Administrator for payment.

Date: 9/14/15

Employee Name: Susan(Lindie)Evans Employee ID #: [REDACTED]

School/Department: FIN - Payroll Position: Payroll Supervisor

Type of work to be completed: Contract Release
(General description i.e., curriculum development, extended contract, etc.)

Description of work to be completed (Be specific): Contract Release per agreement with OTM for mid-year move pct as one time stipend

Work start date: 9/14/15 Estimated Completion Date: 9/14/15 Number of Pays: 1

Hours worked: N/A Salary

Rate of Pay: _____ Total to be paid: \$13300 Account code: 001.100.2513.6195. 502PAYROLL

Employee Signature: [Signature]

Site Principal/Admin. Signature: _____

District Administrator Signature: _____

District Budget Approval: _____

Human Resource Use Only	
Job Code _____	Hourly/Daily _____
Time & ½ Y or N	TOTAL _____

Received
SEP 23 2015

GILBERT PUBLIC SCHOOLS COMPLETION OF ADDITIONAL WORK RESPONSIBILITIES

Date: _____

This confirms that the work as agreed to for _____ was satisfactorily completed on _____

Final and total payment is due.

Administrator Signature: [Signature]

RECEIVED
SEP 23 2015

APPROVED
SEP 23 2015
Finance Dept.

White: Personnel

Yellow: Payroll Upon Completion

OFFICE OF TALENT MGMT.
Pink: Administrator

Gold: Originator



EMPLOYEE ACTION REQUEST
(Press Firmly or Type)

4/5/16

Lindie Evans

Employee's Name

Today's Date

Payroll Supervisor

Employee's Position

Business Services

Location

Employee ID Number

Employee's Home Phone Number

REQUEST FOR: (check one)

- New Employee
- Employee Transfer/Change
- Job Resignation
- Other: Project Management Stipend

REMARKS:

Project Management Stipend \$12,500 for visions implementation

Approved by Dr. Kizimoto per April 4 email (attached).

ADMINISTRATIVE USE ONLY FOR EMPLOYMENT RECOMMENDATION

- New Position
- Number of Hours Per Day (Must Complete)
- Replacement For:
- Change in Hours From: To:
- Successful Completion of Probationary Period
- Extended Until:

9/1/15-2/1/16

Effective Date(s)

Administrator's Signature

Employee's Signature

001.100.2513.6160.502
Account Code

Full-Time: Yes No
Position 1: Add Inactivate Change

HUMAN RESOURCES ONLY

Benefits: Yes No
Position 2: Add Inactivate Change

Grade/Range _____
 Step/Cell _____
 Salary _____
 Job Code _____
 Criteria Code _____
 Account Code _____
 Sub Location _____
 Hours per Day/Week _____
 Effective Date _____

Grade/Range _____
 Step/Cell _____
 Salary _____
 Job Code _____
 Criteria Code _____
 Account Code _____
 Sub Location _____
 Hours per Day/Week _____
 Effective Date _____

Board Date
COMMENTS:

APPROVED

APR 21 2016

Finance Dept.

Assistant Superintendent / Director of Human Resources

White/Yellow/Pink: Personnel Gold: Originator

Revised 4/06

Payroll