



Miami-Dade County Public Schools Hourly Administrator Request

- Instructions:**
1. Please complete form and fax to Compensation Administration at 305-995-7045.
 2. Employee should not work until approval has been confirmed.
 3. Compensation will determine the appropriate job code/position for this assignment.
 4. Once approved, Compensation will request the position and complete the hiring process.
 5. The supervising administrator will be notified through email once this process is complete.

EMPLOYEE INFORMATION

Employee Name:				Employee No:	
Work Location Name:				Work Location No:	
Current Job Assignment:					
Supervising Administrator:				Supervising Administrator's Phone:	
Account Structure:	Program	Function	Object 5150	Estimated Cost \$ _____	
Effective Date:				Ending Date:	
Supervising Administrator's Signature:				Date:	

LIST THE POSITION'S DUTIES AND RESPONSIBILITIES

	%
	%
	%
Total of all percentages must equal 100%	%

FOR COMPENSATION USE ONLY

Job Code:	PG:	Hourly Rate:
Job Title:		
Position #:	Approved by Budget: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommended: _____ Date _____ Kimberly D. Gaines, District Director Compensation Administration		
Approved: _____ Date _____ James Haj, Assistant Superintendent Human Capital Management Office of Labor Relations		
Approved: _____ Date _____ Jose L. Dotres, Chief Human Capital Officer Office of Human Capital Management		