



Miami-Dade County Public Schools Hourly Administrator Request

Please complete form and forward to Compensation Administration: 1500 Biscayne Blvd., Suite 140
Miami, Florida 33132
Fax: (305) 995-7045
Work Location 9317

EMPLOYEE INFORMATION

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

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:		
<p>Recommended: _____ Kimberly D. Gaines, District Director Compensation Administration</p> <p>Approved: _____ Vera A. Hirsh, Assistant Superintendent Office of Human Resources, Recruiting and Performance Management</p>		