

**Ashland School District**  
**PAF for Temporary Service**



*Inspiring Learning for Life*

<p><b>Service Provider Information</b></p>	<p>Name _____          Address: _____           Phone number: _____           Email: _____</p>
<p><b>Position</b></p>	<p>School site/Department Name: _____           Position title: _____          Duties: _____           Start date: _____ End Date: _____           Hours per day _____ Days per week: _____           Total hours to work (not to exceed): _____</p>
<p><b>Budget</b></p>	<p>Check all that apply:  <input type="checkbox"/> General Fund      <input type="checkbox"/> Grant *      <input type="checkbox"/> Federal Funds           Budget code: _____           *Name of Grant: _____</p>

Administrator: please do not approve unless all information is included.

Principal, Director, Supervisor approval: \_\_\_\_\_ Date: \_\_\_\_\_

Rate of Pay \_\_\_\_\_

HR Director Approval \_\_\_\_\_ Date: \_\_\_\_\_

Approved                       Declined

Signature: \_\_\_\_\_ Date: \_\_\_\_\_