

Multiple Position Employment Form

File #: _____ Rate #: _____

Employee Name: _____

Position: _____

Location: _____ Department #: _____

Rate Pay: _____ Per _____ Effective Date: _____

Scheduled Hours to work per week for this position: _____

File #: _____ Rate #: _____

Position: _____

Location: _____ Department #: _____

Rate Pay: _____ Per _____ Effective Date: _____

Scheduled Hours to work per week for this position: _____

File #: _____ Rate #: _____

Position: _____

Location: _____ Department #: _____

Rate Pay: _____ Per _____ Effective Date: _____

Scheduled Hours to work per week for this position: _____

Signature of Supervisor

Date

***Fax to 859-253-0939**