

## HRA Request Form - Educational Support Services

Please submit this form to Stacie Post-Sheffer. Please be reminded that a HRA does NOT change your budget - you must complete a Budget Transfer to balance any employee costs.

Date of Request:  Requested By:  Program:

Type of Request:

Name of Employee:  Employee's Email:

New Employee to SCOE?  If New Employee, Have You Referred Them to HR?  Note:

Classification:  Status:

Employee Title (note: most supplemental are "SCOE Trainer"):  Position Control Number (if known):

HRA Start Date:  HRA End Date:  FTE (If Applicable):

### Time Expectations and Pay Rate

Pay rate must align to approved salary schedule. Please adhere to current STRS Retiree Cap and/or PERS Retiree Cap.

Rate of Pay:  Hourly  Not to Exceed:  Hours   
 Daily  Days   
 Overtime Hourly  Amount

Salary Schedule:  Note:   
 If ISP, ISP Level:

Budget Name 1:	Budget Code 1:	%:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Budget Name 2:	Budget Code 2:	%:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Budget Name 3:	Budget Code 3:	%:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Budget Name 4:	Budget Code 4:	%:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Brief Description of Work / Notes:

**-----FOR ESS ADMIN USE ONLY-----**

HRA#	Date HRA Entered / Note	Supp Letter Sent
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A