



**Classified**  
**Temporary-Summer**  
**Assignment Form**  
(Temporary-Summer Assignment Only)

- Copies To:**
- Principal Receiving
  - Principal Sending
  - Director
  - Payroll
  - \_\_\_\_\_

**Employee Information**

Effective Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Name \_\_\_\_\_

Last Digits of SS# \_\_\_\_\_

Current Site \_\_\_\_\_

Current Assignment \_\_\_\_\_

**Additional Temporary/Summer Assignment Only**

Temporary/Summer Assignment \_\_\_\_\_

Budget Code \_\_\_\_\_ Rate of Pay \_\_\_\_\_

*(Current Part-Time Employee Only-This employee agrees not to work over 29.5 hours weekly)*

Requested By \_\_\_\_\_ Date \_\_\_\_\_

Director Approval \_\_\_\_\_ Date \_\_\_\_\_

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

**For Business Department Use Only**

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act

Date \_\_\_\_\_

Finance Officer