

REQUEST FOR ADDITIONAL CLASSIFIED SUPPORT

Requests must be received/approved one week prior to assignment start date.

A-106
(Revised 8/07)

Request To Be Completed by Site/Department for Assignments Lasting More Than 5 days.

Site/Department: _____ **Position:** _____

Reason for Request:

Vacancy Name of Previous Incumbent: _____

Additional Support – Reason: _____

Other _____

Requested Dates of Assignment:

From: _____ To: _____

Total Number of Work Days: _____

Work Hours:

From: _____ a.m./p.m. To: _____ a.m./p.m.

Total Hours: _____

Employee Requested: _____

(Note: Whenever possible, assignments shall be filled from the Eligibility List.)

Employee's Classification:

Substitute

Contract Employee

(Note: Assignments for additional time cannot exceed 10 days without Cabinet Approval)

Employee's Regular Work Hours: (to be completed for contract employees only)

From: _____ a.m./p.m. To: _____ a.m./p.m.

Budget To Be Charged: _____ **SEMS Job #:** _____

Administrator's Approval: _____ **Date:** _____

Authorization To Be Completed by Personnel/Accounting

Position Filled By: _____

Personnel Authorization: _____ Date: _____

Budget Authorization: _____ Date: _____

DISTRIBUTION:

Site: Goldenrod

Personnel: White, Yellow, Pink