

INTERN  
STUDENT WORK STUDY  
SUBSTITUTE  
SHORT-TERM  
RETIRED ANNUITANT

**Tulare County**  
**Office of Education**  
*Tim A. Hire, County Superintendent of Schools*

CLASSIFIED  
CERTIFICATED

DATE OF REQUEST

**TEMPORARY ASSIGNMENT REQUEST FORM**

POSITION TITLE: \_\_\_\_\_

ASSIGNMENT DESCRIPTION: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EFFECTIVE DATES: \_\_\_\_\_ THROUGH \_\_\_\_\_

RANGE / BAND: \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ NOT TO EXCEED HOURS / DAYS \_\_\_\_\_

BILL PROGRAM FOR FINGERPRINT FEES? YES NO CREATE E-MAIL ACCOUNT? YES NO

HIRING MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BUDGET:**

| FUND | RESOURCE | PY | GOAL | FUNCTION | OBJECT | SCHOOL | COMP | REPORT | PERCENT |
|------|----------|----|------|----------|--------|--------|------|--------|---------|
|      |          |    |      |          |        |        |      |        |         |
|      |          |    |      |          |        |        |      |        |         |
|      |          |    |      |          |        |        |      |        |         |

\_\_\_\_\_  
ASSISTANT SUPERINTENDENT DATE

\_\_\_\_\_  
INTERNAL BUSINESS SERVICES DATE

\_\_\_\_\_  
SUPERINTENDENT DATE

\_\_\_\_\_  
ASSISTANT SUPERINTENDENT, HR DATE

**HR USE ONLY**

\_\_\_\_\_  
CREDENTIALLED ONLY - CREDENTIAL CLEARANCE

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_