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STUDENT WORK STUDY			Office of Education  Tim A. Hire, County Superintendent of Schools			on	CERTIFICATI	ED _	
SUBSTITUTE						hools			
SHORT-TERM								DATE OF F	REQUEST
		TEMPORARY EMPLOYMENT REQUEST FORM					57.12 61 1		
POSITION TITLE:									
ASSIGNMENT DESCRIPTION:									
NAME:									
MAILING ADDRES	3S:								
PHONE:						_ EMAIL:			
EFFECTIVE DATES:		THROUGH							
RANGE / BAND / I RATE:	HOURLY				NOT 1	TO EXCEED HOUR / DOLLAR /			
BILL PROGRAM F	OR FINGERPR	INT FEE	S?	YES NO	)	CREATE E-MAIL	ACCOUNT?	YES	□NO
HIRING MANAGEI	R:						PHONE:		
PREPARED BY:									
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BUDGET:	RESOURCE	PY	GOAL	FUNCTION	OBJECT	SCHOOL	СОМР	REPORT	PERCENT
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ASSISTANT SUPERINTENDENT					DAT	DATE			
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REV: 6/23