

REQUEST FOR ADDITIONAL CLASSIFIED SUPPORT
Requests must be received/approved one week prior to assignment start date.

A-106
(Revised 12/08)

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: _____ Assignment Date(s): _____

Personnel Authorization: _____ Date: _____

Budget Authorization: _____ Date: _____

DISTRIBUTION:

Site: Goldenrod

Personnel: White, Yellow, Pink