ADDITIONAL PAID ASSIGNMENTS REQUEST FORM

RECOMMENDATIONS FOR ADDITIONAL PAID ASSIGNMENTS

EMPLOYEE ID	LAST NAME, FIRST NAME	LOCATION OF ASSIGNEMENT	DEPARTMENT	JOB CLASS AND ASSIGNMENT	GRANT	RATE OF PAY	Planning (YES OR NO)	EFFECTIVE DATE

NOTES for HR and Finance:

Approved Budget Holder: ____________________

Executive Director, if necessary: ____________________

Sent to HR by: ____________________

MANASSAS CITY PUBLIC SCHOOLS
Where Learning Powers the Future

Clear Form

Approved by Executive Director of HR: ____________________