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 REC
	7	EMPORARY ASSIGNMENT REQUEST FORM	

RETIRED ANNUIT	ΓANT							DATE OF	REQUEST
		-	ΓΕΜΡΟR	ARY ASS	IGNMEN	IT REQUE	ST FORM		
POSITION TITLE:									
ASSIGNMENT DE	SCRIPTION:								
NAME:									
MAILING ADDRES	SS:								
PHONE:					EMAIL:				
EFFECTIVE DATE	≣S:					THROUGH			
RANGE / BAND, STEP:: HOUI			RLY ATE		TO EXCEED DURS / DAYS				
BILL PROGRAM F	FOR FINGERPR	RINT FEE	s?	YES NC)	CREATE E-MAIL	ACCOUNT?	YES	□NO
HIRING MANAGE	R:						PHONE:		
PREPARED BY:							PHONE:		
BUDGET:									
FUND	RESOURCE	PY	GOAL	FUNCTION	OBJECT	SCHOOL	COMP	REPORT	PERCENT
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ASSISTANT SUPERINTENDENT			DAT	 E					
INTERNAL BUSINESS SERVICES			DAT	E					
SUPERINTENDENT				DAT	Ē				
ASSISTANT SUPERINTENDENT, HR				DAT	E				
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PROCESSED BY:					DATE:			_	