



**Division of Human Resources
Employee In-County Assignment**

Name: _____ Location No.: _____

Employee ID No: _____ School/Department: _____

Assignment Location: _____

Reason for Assignment: _____

Assignment to Begin: _____ through _____

Number of hours/days: _____

Substitute requested: Yes No If yes, total days substitute needed: _____

Check source of funds:

Regular _____
Budget Identity No.

Federal _____
Budget Identity No.

CREATE* _____
CREATE Identity No.

*If CREATE, Component No.: _____

Signature of Employee

Date

Signature of Principal or District Administrator

Date