

Request for Supplemental Assignment

Employee Information:

Name:	
Employee ID:	
Current Position Title:	
Current Supervisor:	

Classification (check all that apply):

Full-time
 Part-time
 Temporary
 Other

Assignment Information:

Assignment Title:	
Assignment Description:	
Assignment Supervisor:	

Start Date:	End Date:	Assignment Pay Rate*:

*Hourly employees must be paid overtime for hours actually worked over 40 per week.

Accounting Information:

			000	00	9999
Fund Detail	Expenditure Detail	IMSA Organizational Unit	Activity/Special	Lapse Period	Fiscal Year
0000-00-0000	0000-0000	00-000-0000	000	00	0000

Will this assignment conflict with primary assignment, either in time or task?	
Will this assignment result in payment of overtime?	

Requestor _____ **Date:** _____

Current Supervisor _____ **Date:** _____

Cabinet Member _____ **Date:** _____

Lawrence J. Bergie
Chief Operations Officer _____ **Date:** _____

Traci D. Ellis
Executive Director, Human Resources _____ **Date:** _____