



**LIMITED TERM ASSIGNMENT REQUEST**

*Submit this form to Classified Human Resources to request fulfillment of a limited-term position.  
 (i.e. additional help needed for less than six months, temporary coverage of an assignment, or coverage for an employee who is on an extended leave of absence.)*

**To be Completed by Department Head or Principal**

**Date:** \_\_\_\_\_ **School Site / Department:** \_\_\_\_\_

**Classification:** \_\_\_\_\_ **Assignment Dates:**

**Hours:**  per week  per day Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Schedule:** \_\_\_\_\_ **Substitute Requested:** \_\_\_\_\_

**Assignment Notes:**

**I am making a request for a limited-term position for the following reason:** *(maximum length of time 6 months)*

- Substitute for a Regular Classified Employee who is on a leave of absence Employee on LOA: \_\_\_\_\_
- Special Ed:* IEP Pending Program or Student: \_\_\_\_\_ Date of anticipated IEP Meeting: \_\_\_\_\_
- Special Ed:* Evaluation/SCES Student: \_\_\_\_\_ Date of anticipated completion of evaluation: \_\_\_\_\_
- Special Ed:* Emergency/Temporary Help Needed Program or Student : \_\_\_\_\_
- Temporary, Additional Help Needed Please explain reason: \_\_\_\_\_
- Other *(please explain):* \_\_\_\_\_

*Attach Supporting Documents*

\_\_\_\_\_  
**Signature** Department Administrator, Supervisor, Principal

\_\_\_\_\_  
**Date**

Received by Classified HR, Approve to process

**REQUIRED APPROVAL & SIGNATURES**

*Assistant Superintendent, Educational Services* \_\_\_\_\_  Approve Date: \_\_\_\_\_

*Assistant Superintendent, Business Services* \_\_\_\_\_  Approve Date: \_\_\_\_\_

ACCT#:	Program Name:	Initials:
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**For Classified HR Use Only**

\_\_\_\_\_  
 Person Selected

\_\_\_\_\_  
 Effective date

\_\_\_\_\_  
 Classification

Frontline

**Notes**

\_\_\_\_\_  
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