

**CERTIFICATED NON-PERMANENT ASSIGNMENT**

**Employee Information**

Name: \_\_\_\_\_ SSN/ID# \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, CA ZIP: \_\_\_\_\_

**Type of Assignment**

Substitute  Long Term Sub  Temp/Extra Help  Home Teacher  Extra Duty  Training \_\_\_\_\_

**Assignment Information**

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Assignment Title: \_\_\_\_\_ Dept/Program: \_\_\_\_\_

Place of Assignment: \_\_\_\_\_ Hrs/Day: \_\_\_\_\_ Days/Wk: \_\_\_\_\_

Budget Account(s)/Percentages:  
\_\_\_\_\_%  
\_\_\_\_\_%  
\_\_\_\_\_%

**If your current budget does not contain funding for this position, describe the funding source and the amount required.**

**Salary Information (Completed by HR)**

Contract Information for Extra Duty/Home Teacher Assignments:

Schedule: \_\_\_\_\_ Column: \_\_\_\_\_ Step: \_\_\_\_\_ Daily Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Substitute/Extra Help/Trainings:

Daily Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Stipend Rate: \_\_\_\_\_

HR Initials: \_\_\_\_\_

**For Credentials Use:**

Credentials Approval:  Yes  No Credentials Initials: \_\_\_\_\_

Credential/Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**REQUIRED SIGNATURES: *To be obtained in order listed.***

Program Director: _____	Date: _____			
Administrator: _____	Date: _____			
H/R Administrator: _____	Date: _____			
<b>Is this appointment covered by the current budget? ___ Yes ___ No</b>				
Budget Review: _____	Date: _____			
CBO: _____	Date: _____			
Assoc/Asst. Superintendent: _____	Date: _____			
Timekeeper	Payroll	Retirement	Personnel File	Program/Department