Prince George's County Public Schools Human Resources Office of Compensation & Classification

Second Assignment Request Form

INSTRUCTIONS: This form must be completed in its entirety and received by the Office of Compensation and Classification no later than four (4) weeks prior to the proposed start date of the assignment. All information should be typed; hand-written forms will not be accepted.

Requesting School/Organization:		D	Date:	
Supervisor:	Phone:	Email:		
Proposed Start Date:	Proposed End Date:			
Position Type for Second Assignment: _	(Only one TYPE of	position per form will be accepted	1)	
Budget Code: Fund Fund Function	Program Project			
Source	(Complete 31-digit budget		ot denter i i	
Employee(s) Information:			HR USE ONLY	
Name EIN Currer	t Position/Work Location	Total # Hours Days Per Day	Contract Months RATE Initials	
REQUESTS CONTAINING MORE THA				
Job Description Duties:				
NOTE: Forms must be submitt	ed and approved fo	ur (4) weeks prior to e	mnlovee heginning work	
Approval and processing of	this form is necessary f		ccurately and on time.	
Forward for appropriate Authorized Signa	•			
Approved / Denied Primary Account Manager:	Print	Signature	Date	
Approved / Denied Director/Instructional Director	Print	Signature	Date	
Approved / Denied Associate Supt/Chief	Print	Signature	Date	
*Once completed and signed, forward to H	R.Temp2ndAssign@pgcps	s.org for review and final app	roval.	
Approved / Denied Senior Comp & Class Partner:	Print	Signature	Date	
Funds Available / Not Available Budget Analyst:	Print	Signature	Date	
Data Quality Entered Revised 03/2021	<u>Print</u>	Signature	Date	