

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

Temporary Position Request Form

INSTRUCTIONS: Complete the top portion of form, obtain Chief/Area Associate Superintendent's signature, and return to Human Resources, Compensation and Classification Office. Upon approval, an email will be sent to the contact person below for your records. Temporary assignments are approved for one fiscal year only. Temporary positions which are similar to positions represented by ACE/AFSCME, Local 2250 may be approved for a maximum of sixty (60) working days in a fiscal year.

nscar year.				
Requesting Organization:		Supervisor:		
Telephone Nu	ımber:	E-Mail Address:		
Suggested Position Title:				Number of Positions:
Proposed Dut	iles:			
			Doguirod Info	
	Projected Start Date	End Date No Later Than June 30th	Required Infor Total Number Of Days	Number of Hours Per Day
Budget Code:				
Account Manager Account Manager			's Signature	Date
Chief/Area As	sociate Superintendent	Signature-Chief/A	rea Associate Superinter	ndent* Date
*Once comple	te and signed, form should	d be forwarded to <u>HR.Temp2r</u>	ndAssign@pgcps.org for	review and final approval.
To be comple	eted by Compensation 8	& Classification Office:		
Job Title:			Pay Rate:	
Signature of Compensation & Classification Partner			Date	
Signature of Senior Compensation & Classification Partner			Date	
To be comple	eted by Budget Office:			
Funding Avail	able Based on the Number	er of Days and Hours provid	ed above: Yes 🔲 N	o 🗌
COMMENT:				_
Signature of Budget Analyst			Date	
To be comple	eted by Position Contro	l:		
Temporary Po	osition(s): Approved	Disapproved 🗌		