



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

**Temporary Position Request Form  
Attachment A**

**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.

Requesting Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Suggested Position Title: \_\_\_\_\_ Number of Positions: \_\_\_\_\_

Proposed Duties: \_\_\_\_\_

Required Information			
Projected Start Date	End Date No Later Than June 30th	Total Number Of Days	Number of Hours Per Day

Budget Code: \_\_\_\_\_

Account Manager \_\_\_\_\_ Account Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Chief/Area Associate Superintendent \_\_\_\_\_ Signature-Chief/Area Associate Superintendent\* \_\_\_\_\_ Date \_\_\_\_\_

*\*Once complete and signed, form should be forwarded to [HR.Temp2ndAssign@pgcps.org](mailto:HR.Temp2ndAssign@pgcps.org) for review and final approval.*

**To be completed by Compensation & Classification Office:**

Job Title: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Signature of Compensation & Classification Partner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Senior Compensation & Classification Partner \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Budget Office:**

Funding Available Based on the Number of Days and Hours provided above: Yes  No

COMMENT: \_\_\_\_\_

Signature of Budget Analyst \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Position Control:**

Temporary Position(s): Approved  Disapproved