

RIVERSIDE UNIFIED SCHOOL DISTRICT
Human Resources & Affirmative Action

REQUEST FOR
TEMPORARY ASSIGNMENT IN A HIGHER CLASSIFICATION

EMPLOYEE: _____

EMPLOYEE NO: _____

WORK SITE: _____

CURRENT ASSIGNMENT: _____

→ TO →

TEMPORARY ASSIGNMENT: _____

NO. OF HOURS PER DAY: _____

NO. OF HOURS PER DAY: _____

FROM DATE: _____

TO DATE: _____

BUDGET NUMBER: _____

EMPLOYEE BEING REPLACED AND REASON:

SIGNATURE OF SUPERVISING MANAGER

SIGNATURE OF DIRECTOR, CLASSIFIED PERSONNEL

PERSONNEL/PAYROLL USE ONLY

RANGE _____ STEP _____ \$ _____ BOARD DATE _____ Personnel Card Updated _____
\$ _____ Daily Rate

After Approval: White Copy – Payroll Yellow Copy – Employee Pink Copy – Personnel File Goldenrod Copy – Supervisor