



REQUEST FOR ADDITIONAL CLASSIFIED SUPPORT

Requests must be received/approved one week prior to assignment start date

A-106

(Rev. 09/2024)

Request to be completed by site/department for assignments lasting more than 5 days in a month.

Site / Department: _____

Position: _____

Reason for Additional Support Request:

Assignment Details		
Requested Dates: Cannot exceed one month. If extending an assignment, you must complete a new form each month.		
From: ____/____/____	To: ____/____/____	Total # of Work Days: _____ <i>*Including holidays and vacation days</i>
Work Hours:		
From: _____	a.m. p.m.	To: _____
	a.m. p.m.	Total Daily Hours: _____
SmartFind Job: # _____	OR	Assignment will be paid on a paper timesheet

Employee Being Requested	
Name: _____	ID: # _____
<i>*Whenever possible, assignments shall be filled from the Eligibility List.</i>	
Employee's Classification:	
<input type="checkbox"/> Substitute	
<input type="checkbox"/> Contract Employee (Assignments for additional time cannot exceed 10 days without Cabinet Approval)	
Regular Work Hours: <i>(to be completed for contract employees only)</i>	
From: _____	a.m. p.m.
To: _____	a.m. p.m.
Total Daily Hours: _____	

Administrator's Approval:

Name (print): _____ Signature: _____ Date: _____

IF the assignment is for Paraeducator or BIS:

Special Education Approval: _____ Date: _____

Authorization To Be Completed by Personnel / Accounting	
Position Filled By: _____	Assignment Date(s): _____
Personnel Authorization: _____	Date: _____
Budget Authorization: _____	Date: _____
Budget to Be Charged: _____	

DISTRIBUTION:

PERSONNEL

SPECIAL EDUCATION (IF APPLICABLE)