


**Temporary Assignment Program
 EXTENSION REQUEST FORM**

Temporary Assignment Program, 4080 Lemon Street, Riverside, CA 92501, (951) 955-9178

This interactive PDF form contains drop-down menus and buttons. Please complete it using the Adobe PDF Reader.
Fax completed form to (951) 955-1525 (micro 51525) or send by interoffice mail to Mail Stop #2161.
REQUESTOR INFORMATION

Date	Department <input type="text"/>	Section <input type="text"/>
Department Supervisor		Phone

BILLING INFORMATION

Account Payable Contact	Phone	Individual(s) Authorized to Sign Time Sheets		
Fund	Department ID	Account Number	TPID #	
DPSS Only--Control #	DOPH Only--Prog. #	DOPH Only--Proj/Grant	DOPH Only--HR Loc. Code	DOPH Only--Class/Loc. Code

ABOUT THE JOB

Position	Employee Name	Location Code	Rate of Pay
Detailed Reason/Justification for Extension of Assignment (Do not include list of duties. Example: special project, understaffed, or increased workload):			
Extension Length (Should not exceed 6 months)	Extension Start Date	Schedule	<input type="text"/>

Your signature certifies that the continued temporary appointment is intermittent, emergency, substitute or for other irregular basis. If none of the said reasons apply, please contact Rika Richardson at (951) 955-9178.

 Unit Supervisor Signature/Date

 Program Manager Signature/Date

 Department Head Signature/Date

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FOR TAP USE

Employee Assigned	Tempus ID	Original JO#	Assignment Begin Date	Assignment End Date