



Temporary Assignment Program  
**WORKFORCE CONNECTION  
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	Section
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 90 days)	Extension Start Date	Schedule	

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

\_\_\_\_\_  
Designated ESE Program Representative Signature/Date

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**EOR TAP USE**

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