



ASSIGNMENT REQUEST

Assignment Information:

Date: _____ Person Requesting Assignment: _____ Title: _____

Position/Job Title of Request: _____ Location: _____

Days/Hours: _____ Start Date: _____ End Date: _____

Report To: _____ (Please print name) Phone: _____ Fax: _____ (Please print title)

Supervisor: _____ Supervisor's Phone _____

Skills Required: _____

Description of Duties: _____

Reason for Request (i.e. vacation coverage, etc.): _____

Billing Information:

Department: _____ Facility: _____

Send Invoice To: _____ Phone: _____

*Administrator's Signature: _____

Billing Address: _____

SAP Code: _____

(This portion must be completed to process request)

REMINDER: Per JHHS policy HR-100, temporary employees shall not be employed in an assignment for more than six months except during exceptional circumstances with the approval of the Office of HR Consulting and Labor Relations. In addition, when signing weekly time sheets, please keep the pink copy to verify invoices.

FOR OFFICE USE ONLY

Confirmation of Receipt:

Spoke to: _____ Phone: _____ Date/Time Called: _____

Follow up information: _____

Position Filled By: _____ Pay Rate: _____ Charge Rate: _____

Customer Number: _____

Office Number: (410) 583-2950 Fax Number: (410) 847-3659 Email: intrastaff@jhmi.edu

*This form can be sent electronically via email. However, please attach an email or other documentation from your Functional Unit Administrator which can be presented at the weekly Peer Review Committee meeting for approval.