

**Employee and Retiree Service Center
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20855**

REQUEST FOR TEMPORARY EMPLOYMENT
(Do not use for Summer supplemental Employment Assignments)

INSTRUCTIONS: Fill out this request form to request temporary employment or extension of temporary employment. Directions for use and completion of specific items are explained on the reverse side.

NAME (Last, First MI)	Job Code	First Day of Work						Last Day of Work						Process Level	Time Reporting Location	SALARY			Hourly Rate													
		M	M	D	D	Y	Y	M	M	D	D	Y	Y			Grade	Step	Long														
EMPLOYEE #																																
Accounting information (required):																																
Department:					School:					Grant:					Program:					Account:					Fund:				Category:			
EMPLOYEE #																																
Department:					School:					Grant:					Program:					Account:					Fund:				Category:			
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Department:					School:					Grant:					Program:					Account:					Fund:				Category:			
Purpose and Comments:																																

The account manager certifies that employment of the individual(s) listed above will not exceed the time limits contained in the negotiated agreements and will not require establishment of a permanent position.
Requested by _____ *Approved by* _____

_____/_____/_____
Signature, Principal/Director *Date* *School/Office* *Signature, Deputy/Associate Superintendent* *Date*

GENERAL DIRECTIONS

This form is required to request temporary or extension of temporary employment. Position job codes and pay rates must be within the guidelines used by the Employee and Retiree Service Center.

INSTRUCTIONS

This form is for all requests for assignment to temporary positions. Entries for each column are as follows:

NAME

Print name: last, first, middle initial

EMPLOYEE NUMBER

Enter employee ID number.

JOB CODE

Enter the job code.

FIRST DAY OF WORK and LAST DAY OF WORK

Enter month, day, and year for the first and last day of work.

Example: September 5, 2007

M	M	D	D	Y	Y
0	9	0	5	0	7

PROCESS LEVEL

Enter the process level where the employee will work.

TIME REPORTING LOCATION

Enter the time reporting location number.

SALARY: GRADE, STEP, and LONGEVITY

Enter salary grade, step, and longevity step, if applicable.

HOURLY RATE

Enter hourly rate to be paid to the employee. (Subject to review and approval by the Employee and Retiree Service Center.)

ACCOUNTING INFORMATION

Enter the Financial management System (FMS) expense account codes for the assignment. If applicable for the Grant, use the last four digits of the six-digit FMS number. If applicable for the Program, use the last three digits of the four-digit FMS number