



**Division of Human Resources**  
**EMPLOYEE IN-COUNTY ASSIGNMENT**

Name: \_\_\_\_\_ Location No.: \_\_\_\_\_

Employee ID No: \_\_\_\_\_ School/Department: \_\_\_\_\_

Assignment Location: \_\_\_\_\_

Reason for Assignment: \_\_\_\_\_

Assignment to Begin: \_\_\_\_\_ through \_\_\_\_\_

Number of hours/days: \_\_\_\_\_

Substitute requested:  Yes  No If yes, total days substitute needed: \_\_\_\_\_

Check source of funds:

Regular \_\_\_\_\_  
*Budget Identity No.*

Federal \_\_\_\_\_  
*Budget Identity No.*

CREATE\* \_\_\_\_\_  
*CREATE Identity No.*

\*If CREATE, Component No.: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Principal or District Administrator*

\_\_\_\_\_  
*Date*