

NORFOLK STATE UNIVERSITY
TEMPORARY ASSIGNMENT AUTHORIZATION REQUEST FORM

Name of Department _____ Charge Code _____

Period of Assignment Requested: From ___/___/___ To ___/___/___

APPROVED Period of Assignment: From ___/___/___ To ___/___/___
Month Day Year Month Day Year
(Period must not exceed 2 months/not applicable to Bus Drivers)

Reason for Request _____

Assignment Duties and Responsibilities _____

Total number of hours to be worked per week for the employee requested in this authorization _____

Total number of hours to be worked during this assignment period for the employee requested on this authorization _____

(Maximum number of hours to be worked per week X number of weeks in this Period of Assignment)

Hourly Rate of Pay _____ (Must be approved by the Human Resources Office)

Total Cost for Period of Request _____
(Total Number of Hours to be worked in this Period of Assignment X Hourly Rate)

APPROVALS

Supervisor/Department Head _____/_____ Date _____
Provost /Appropriate Vice President _____/_____ Date _____
Human Resources Director _____/_____ Date _____
Planning and Budget _____/_____ Date _____
Grants and Contracts _____/_____ Date _____

HUMAN RESOURCES OFFICE USE ONLY

Name _____ S.S.N. _____/_____/_____
Address _____
Street/Apt. # _____ City _____ State _____ Zip Code _____
Date of Birth _____ Sex _____ Race _____

Temporary employees are subject to human resources hiring processes, including a criminal background check.