

ASSIGNMENT AND RESPONSIBILITIES

Requested by: _____

Assigning Department: _____

Number of Positions _____

Position Description: _____

Dates of Service:

Start Date _____

End Date _____

DIVISION /DEPARTMENT AUTHORIZATION

Please identify College services required for this voluntary appointment:

- ☐ Campus ID
☐ Email
☐ Other

Requestor's Signature

Date

Department Director's Signature

Date

Vice President's Signature

Date