

**ASSIGNMENT AND RESPONSIBILITIES**

Requested by: \_\_\_\_\_

Assigning Department: \_\_\_\_\_

Number of Positions: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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