



Prince George's County Public Schools
Human Resources
Office of Compensation & Classification

Temporary Position Request Form

INSTRUCTIONS: Complete the top portion of form, obtain Chief/Area Associate Superintendent's signature, and return to Human Resources, Compensation and Classification Office. Upon approval, an email will be sent to the contact person below for your records. Temporary assignments are approved for one fiscal year only. Temporary positions which are similar to positions represented by ACE/AFSCME, Local 2250 may be approved for a maximum of sixty (60) working days in a fiscal year.

Requesting Organization: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Suggested Position Title: \_\_\_\_\_ Number of Positions: \_\_\_\_\_

Proposed Duties: \_\_\_\_\_

Table with 4 columns: Projected Start Date, End Date No Later Than June 30th, Total Number Of Days, Number of Hours Per Day. Includes a 'Required Information' header.

Budget Code: \_\_\_\_\_

Account Manager \_\_\_\_\_ Account Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Chief/Area Associate Superintendent \_\_\_\_\_ Signature-Chief/Area Associate Superintendent\* \_\_\_\_\_ Date \_\_\_\_\_

\*Once complete and signed, form should be forwarded to Position.Control@pgcps.org for review and final approval.

To be completed by Compensation & Classification Office:

Job Title: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Signature of Compensation & Classification Partner \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Budget Office:

Funding Available Based on the Number of Days and Hours provided above: Yes [ ] No [ ]

COMMENT: \_\_\_\_\_

Signature of Budget Analyst \_\_\_\_\_ Date \_\_\_\_\_

To be completed by Position Control:

Temporary Position(s): Approved [ ] Disapproved [ ]

Signature of Senior Compensation & Classification Partner \_\_\_\_\_ Date \_\_\_\_\_