

Dept. AA#: _____

HRAA#: _____

Section I: (Department)

Department: _____ Job Code: _____

Number of Hours/Week: _____

Employee ID# _____ Employee Name _____

Anticipated Effective Date(s) (From– To): _____ Length of Workday: _____ a.m. to _____ p.m

Reason: _____

Location: (Location Code): _____ Program: _____

Budget Code: _____ Percent _____ Budget Code: _____ Percent _____

Budget Code: _____ Percent _____ Budget Code: _____ Percent _____

Recommended: _____

Program Administrator _____ Date _____

Approved: * _____

'HSDUWPHQWDO \$SSURYDO _____ Date _____

Section II: (Human Resources)

Employee ID#	Employee Name
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Rate: _____ Per: _____ Yr. _____