



**University of California, Davis
Temporary Employment Services
Assignment Request Form**

TES INTERNAL OFFICE USE ONLY:			
Filled By:			
Approved Title:		Pay Rate:	
Bargaining Unit:	<input type="checkbox"/> 99	<input type="checkbox"/> CX	<input type="checkbox"/> EX <input type="checkbox"/> SX <input type="checkbox"/> TX <input type="checkbox"/> RX <input type="checkbox"/> K3
Notified		eTeP	Start Date:

Departments,

Please fill out the below requested information prompted by the gray headings.

Date of Request:		Department:		
Department Address:			Davis/UCDHS?	
DaFIS Account #:		Approved Title:		
Will this position temporarily replace a current staff (Y/N)?				
If "Y", name and classification of staff:				
If "N", name of Compensation Analyst who approved classification:				
Schedule (i.e. M-F, 8-5):		Approx. Start/End Date:	From	to
Primary TRS Approver:		Phone Number:		
Backup TRS Approver:		Phone Number:		
Report on 1 st day?		Phone Number:		
Department Contact:		Phone Number:		

Assignment Description (please continue on a separate page if you run out of space):

Summary of Roles and Responsibilities:

Minimum Qualifications:

Preferred Qualifications:

Additional Instructions:

TES INTERNAL OFFICE USE ONLY:	
Special Request/Special Hire:	
Replace:	