

Golden Plains Unified School District

22000 Nevada Street • P.O. Box 847 • San Joaquin, California 93660

Phone: (559) 693-1115 Extension 30 • Facsimile: (559) 693-1165

EMPLOYEE REQUEST FOR SUMMER ASSIGNMENT

Name: _____
Last First Middle

Social Security No.: _____

Physical Address: _____
Number/Street City/State Zip Code

Mailing Address: _____
P. O. Box City/State Zip Code

Telephone Number: _____

I am requesting a summer assignment to the following position:

Title/Site: _____

Briefly state your qualifications for the position (i.e. recent experience, credentials/certificates held, classes/units, etc.): _____

Employee Signature Date

For Office Use:
Additional Assignment: Approved: Denied: Effective Date: _____