

Temporary Assignment Program, 3450 14th Street, Riverside, CA 92501, (951) 955-9178
This interactive PDF form contains drop-down menus and buttons. Please complete it using the Adobe PDF Reader.

REQUESTOR INFORMATION

Department Manager:	Phone:	Department:	Section:
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BILLING INFORMATION

Accounts Payable Contact:	Phone:	Person(s) Authorized to Sign Timesheets:	
Fund (5 Digits):	Department ID (10 Digits):	Account Code (6 Digits):	Task Profile ID:
Funding Source (complete all that apply): <input type="checkbox"/> NCC ____ % <input type="checkbox"/> ISF ____ % <input type="checkbox"/> Other (Describe): _____			

ABOUT THE JOB

Position Requested:	# of Positions:	Reason for Request:	Schedule:
Assignment Length:	Dates Needed: From _____ To _____ OR <input type="radio"/> ASAP	Bilingual Required? <input type="radio"/> Yes <input type="radio"/> No	Driving Required? <input type="radio"/> Yes <input type="radio"/> No
Requested Candidate (if any):	Candidate Phone:	Names of Candidate's Relatives in the Dept. (if any):	
Additional Position Information:			

ABOUT THE WORKSITE

Report to Supervisor:	Mail Stop #:	Phone:	Parking Permit Required? <input type="radio"/> Yes <input type="radio"/> No
Job Address:	Location Code:	Dress Code:	

- Assignments should not exceed 6 months or 1000 hours, whichever comes first.
- Retiree assignments are valid for the current fiscal year.
- TAP/MAP Rates are 5.5% less than regular County of Riverside Employment Rates.
- Departments will be contacted to complete a Position Evaluation within 24-48 hours.
- TAP will notify department and employee prior to end of assignment date.

* TAP Job Orders will not be accepted for classifications in which a departmental reinstatement list exists. I have checked the departmental reinstatement list for candidates who may have rights to this position, and attest that there are none.

Unit Supervisor Signature/Date

Program Manager Signature/Date

Department Head Signature/Date

FOR TAP USE

Employee Assigned	Tempus ID	Assignment Begin Date	Assignment End Date