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| **OPS WORK ASSIGNMENT SHEET** |
|  |
| **1.** | PROCESS AREA: | **7.** | EMPLOYEE NAME: |
|  | **Department of Commerce** |  |  |
| **2.** | PROCESS UNIT: | **8.** | SOCIAL SECURITY NUMBER: |
|  |  |  |  |
| **3.** | SECTION: | **9.** | COMPARABLE CAREER SERVICE CLASS: |
|  |  |  |  |
| **4.** | SUBSECTION: | **10.** | LOCATION NUMBER: |
|  |  |  |  |
| **5.** | COUNTY: | **11.** | POSITION NUMBER: |
|  |  |  |  |
| **6.** | CITY: | **12.** | COMMENTS: |
|  |  |  |  |
| **13.** | **Funding Source**: Grant Number:  Percent  Grant Number:  Percent  Grant Number:  Percent  Grant Number:  Percent  |
| **14.** | PREVIOUS OPS EMPLOYMENT WITH DEO: |
|  | FROM: |  | TO: |  | FROM: |  | TO: |  |
| **15.** | PERIOD OF EMPLOYMENT: |
|  | FROM: |  | TO: |  | **[ ]**  | PART TIME | **[ ]**  | FULL TIME/HOURS PER WEEK |  |
|  | WILL THIS APPOINTMENT EXCEED 90 DAYS? | **[ ]**  | YES | **[ ]**  | NO |  |
| 16. | OPS EMPLOYMENT CATEGORY: |
|  | [ ]  | TEMPORARY | [ ]  | CONSULTANT | [ ]  | SUMMER YOUTH STUDENT ORGRADUATE ASSISTANT | [ ]  | COOP-EDUCATION STUDENT |
| **17.** | JUSTIFICATION: |
|  |       |
| **18.** | DUTIES AND RESPONSIBILITIES: |
|  |       |
| **19.** | I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED ABOVE IS CORRECT, THAT THE DUTIES AND RESPONSIBILITES DESCRIBED ARE ACCURATE AND THAT A COPY OF THIS FORM AND THE TERMS AND CONDITIONS OF OTHER PERSONAL SERVICES EMPLOYMENT HAVE BEEN FURNISHED TO THE EMPLOYEE. I FURTHER CERTIFY THAT THIS OPS EMPLOYEE WILL NOT BE PERFORMING THE DUTIES OF ANY VACANT, AUTHORIZED, OR ESTABLISHED POSITION. |
|  | REQUESTED BY: |   | TITLE: |       | DATE: |       |
| **20.** | APPROVED BY:AUTHORIZED SIGNATURE |   | TITLE: |       | DATE: |       |