



Temporary/Seasonal and Recurring Part-time Assignment Form

 Department of Special Services

 Department of Community Services

OCA Code (Work Location):		Job Earnings Distribution (if different than OCA):	
19-Digit Grant Number (if applicable):		Position Control No.:	
Division:		Section:	
Supervisor:			
Employment Status:	<input type="checkbox"/> Recurring Part-time (Year-round, 25 hours per week) <input type="checkbox"/> Temporary Part-time (up to 9 months per calendar year, 25 hours per week) <input type="checkbox"/> Temporary Full-time (up to 9 months per calendar year, 37.50 hours per week)		

Summary of work to be performed:			
Specialization (define):			
Previous Employment:	Has applicant ever been an employee of New Castle County? Yes <input type="checkbox"/> No <input type="checkbox"/> Is applicant now an employee of New Castle County? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Position Title:		Class Spec. Number:	
Program Location:			
Rate of Pay:	\$	Step:	
Dates of Employment:	Starting Date:	Ending Date:	
Person Selected:			

All items are required for initial employment. Only those items marked with an asterisk are required for re-employment. Collect paperwork AFTER employee passes drug screen and background.

<input type="checkbox"/> Application <input type="checkbox"/> *Passed background check (at least age 18) within last year <input type="checkbox"/> *Passed rapid drug screen (parental consent form if minor) <input type="checkbox"/> Nepotism Policy Acknowledgement Form <input type="checkbox"/> Policy sign-off <input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Copy of Driver's License or ID Card <input type="checkbox"/> *Emergency Contact Form <input type="checkbox"/> *W-4 Form <input type="checkbox"/> *City Wage Tax Form <input type="checkbox"/> *Immigration Form (I-9) Section 1 and 2 <input type="checkbox"/> *Direct Deposit Form and voided check <input type="checkbox"/> Date of birth: _____ <input type="checkbox"/> (attach work permit for minors aged 14 – 17)
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Interview forms should be retained by department for at least ninety (90) days.

Authorizations/Approvals	
Authorized by: _____	Date: _____
Department General Manager: _____	Date: _____

Human Resources/Budget Use
Circle One (use seasonal designation if temporary):
<input type="radio"/> RP <input type="radio"/> TP <input type="radio"/> TF