

St. Clair County Community Mental Health
3111 Electric Avenue
Port Huron, MI 48060
(810) 985-8900

MEMORANDUM

TO: _____

FROM: _____

DATE: _____

SUBJECT: **Request for a Temporary Assignment or Temporary Employment**

Classification Requested: _____

Staff Person Affected (Applicable only for upgrades): _____

Qualifications: _____

Number of Hours Needed: _____

Duration of Position – from: _____ to: _____

Rate of Pay: \$ _____ Total Estimated Costs: \$ _____

Rationale for Position: _____

Approved

Denied

Division Director/Designee Signature

Explain how the position will be funded: _____

Approved

Denied

Chief Executive Director Signature

Original: Personnel Master File

cc: Finance Director
Division Director
Supervisor
Employee