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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 OR  GRADUATE 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: |  | |