

COOK COUNTY BUREAU OF HUMAN RESOURCES VOLUNTEER REQUEST FOR LONG-TERM TEMPORARY ASSIGNMENT FORM

Date:	
Name:	Current Position ID:
Provide the following regarding the	Position you volunteer to temporarily fill:
Department:	
Grade: Title:	
Start Date:	
End Date:	
Location:	
	EMPLOYEE CERTIFICATION
	Ferm Temporary Assignment is based on the verified operational or business needs as easons or Factors and is in compliance with the Temporary Assignment Policy and
that I am aware that I am strictly prohibited from employment of hiring upon or because of a cooperating with or threatening any act which is best of my knowledge, Political Reasons or Face	liction of the Cook County Board President that are not exempt under Shakman, I certify in conditioning, basing or knowingly prejudicing or affecting any term or aspect of County ny political reason or factor or knowingly inducing, aiding abetting, participating in, is proscribed above. I certify, under penalty of perjury, as provided by the law that to the ctors did not enter into any County Employment Actions taken with respect to the above and that failure to comply with the above prohibitions may result in sanctions, including on and may subject me to criminal prosecution.
Print Name:	Signature:
Title:	Date: