

NEW YORK CITY DEPARTEMENT OF EDUCATION
65 COURT STREET ~ ROOM 502
BROOKLYN, NEW YORK 11201
DIVISION OF HUMAN RESOURCES

WORK EXPERIENCE PROGRAM
REQUEST FOR ASSIGNMENT FORM


INSTRUCTIONS: Please print all information and submit to the location provided below. You will be contacted by the WEP Unit to arrange Interviews with participants.

Worksite Information:

Division/District _____	Office (If applicable) _____
School _____	Are You Open In Summer ____ YES ____ NO
Address _____	

Job Assignment Information: (Please check all applicable boxes)

<u>AVAILABLE TITLE(S)</u>	
____ Clerical Aide	____ Word Processor
____ Typist Aide	____ Asst. School Health Aide
____ Stockperson	____ Data Entry/Computer
____ Messenger	____ Photocopier
____ Other (please explain) _____	

TOTAL NUMBER OF PARTICIPANTS REQUESTED: 	

Job Site Information

Supervisor _____	Back-up Supervisor _____
Title _____	Title _____
Telephone # _____	Telephone # _____
Fax# _____	Fax # _____
Email Address _____	Email Address _____

Public Transportation to Worksite:

Train #/Letter _____	Bus # _____
Stop _____	Stop _____
Cross _____ and _____	Cross _____ and _____

Responsibility Center Signature:

_____ Signature of Organization Head/ Principal	_____ Date
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Forward this form to:

Office of Support Services
Work Experience Program
65 Court Street - Room 502
Brooklyn, New York 11201
Telephone # (718) 935-2281 ~ Fax # (718) 935-3613