

# Coastal Carolina Community College

## Additional Position Assignment

This form should be completed and provided to the Office of Personnel Services and Workplace Safety.

Date Prepared: \_\_\_\_\_

Preparer's Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Coastal ID Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Additional Position Information (if different than current position)	
Rate of Pay	
Division	
Department	
Job Title	
Job Location	
Supervisor	
Principle Area of Responsibility	
Instructional Area	

New Position Code: \_\_\_\_\_

Specific description of duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Division Chair/Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Personnel Office: \_\_\_\_\_ Date: \_\_\_\_\_