

<i>FACILITY:</i>					
SPECIAL ASSIGNMENT POST	# of Posts	# of Days Staffed	# of SHIFTS	STAFFED	
				YES	NO
Name:					
Name:					
Name:					

SPECIAL ASSIGNMENT POST REQUEST/JUSTIFICATION

DPSCSD-115-1 Attament 9

SPECIAL ASSIGNMENT POST	# of Posts	# of Days Staffed	# of SHIFTS	STAFFED	
				YES	NO
Name:					
Name:					
Name:					
Name:					

SPECIAL ASSIGNMENT POST				STAFFED	
				YES	NO
Name:					
Name:					
Name:					
Name:					