



Affidavit for Assignment

Applicant Information

Name: _____
(Last) (First) (Middle Initial)

Former Last Name: _____ Date of Birth: ____/____/____

(Last Four Digits) Social Security Number: ____ ____ ____ ____ Contact Number: _____

Position Applied For: _____ Location: _____

----- **APPLICANT: DO NOT WRITE BELOW THIS LINE** -----

Based on the information we have obtained on the above named individual, we are making the decision below regarding their assignment to our district.

_____ Yes, applicant is accepted for assignment at our district

_____ No, applicant is not accepted for assignment at our district

I state I am authorized to make this decision for our district and have based my decision on current district policies/guidelines and current Michigan Law. I understand that I am responsible to notify Genesee Education Consultant Services, Inc. in writing if this decision is overturned.

Signature Date

Printed Name and Title School District

Electronic Signatures. The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement. The parties agree that any electronically signed document (including this Agreement) shall be deemed (i) to be "written" or "in writing," (ii) to have been signed and (iii) to constitute a record established and maintained in the ordinary course of business and an original written record when printed from electronic files.

For Office Use Only

GECS
 New Continuing
School District: _____
Last Day Worked: ____/____/____
Date Sent: ____/____/____ Sent By: _____

District
Date Received: ____/____/____
Completed By: _____
Date Returned: ____/____/____