DUTCHESS COUNTY SUMMER SEASON REPORTING FORM FOR TEMPORARY APPOINTMENTS

AGENCY NAME: _____ TITLE: **LIFEGUARD**

Submit this form with a completed Dutchess County Summer Recreation Application and copies of certifications for temporary appointments.
All documentation must be submitted prior to **Start Date for review and approval.*

NAME	SS No.	SALARY	*START DATE	END DATE
Last Name, First Name	123-45-6789	$11.50 / hour	05/14/20	08/14/20

Appointing Authority_____ Date _____

For Office Use

DCHR Ruling:

DCHR Approval: _____

Rev 2/22