**AFFIDAVIT FOR ASSIGNMENT**

[SCHOOL NAME]

Applicant Name:

Last 4 Digits of Applicant’s Social Security Number:

Applicant’s Contact Number:

Position Applied For:

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, we are accepting this applicant on assignment at our district.

 No, we are not accepting this applicant on 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 [ESP NAME] in writing if this decision is overturned.

Signature: Date:

Printed Name and Title: