

South Island Police Academy (SIPA)

Human Resources Division

Application for Position or Supplemental Duty

Employee

Date: Month Day, Year

Name:	
Current Position:	
Desired Position:	
Desired Supplemental Duty:	
Signature:	

Supervisor

Name:		Supported?	
Comments:			
Signature:		Date:	

Director/OIC

Name:		Supported?	
Comments:			
Signature:		Date:	