

TEMPORARY WORK ASSIGNMENT FORM

This form must be completed by an employee who has been assigned by his/her immediate supervisor to perform the duties of a higher rated position.

This form must be completed and submitted to your immediate supervisor no later than the tenth working day of your performance of the higher rated position's duties.

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Name of Employee

Area of Assignment

Employee Number

Title of Present Position

Title of Higher Rated Position

Effective Date of Assignment

Signature of Employee

Date of Signature

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IMMEDIATE SUPERVISOR

Name of Immediate Supervisor

Area of Responsibility

Date Form Received from Employee

Employee's Present Title

Title of Higher Position that you
assigned to employee

Effective Date of Assignment

Previous Incumbent of Position

Reasons for Assignment: _____

Anticipated Duration of Assignment: _____

Signature of Immediate Supervisor Date of Signature

IMMEDIATE SUPERVISOR MUST FORWARD ORIGINAL TEMPORARY WORK ASSIGNMENT FORM TO THE HUMAN RESOURCES OFFICER AFTER OBTAINING THE SIGNATURE OF THE INTERMEDIATE SUPERVISOR/DEPARTMENT HEAD.

HUMAN RESOURCES OFFICER

Approval

Title of Higher Rated Position

Disapproval

Duration of Assignment

***Reason for Disapproval:**