APPENDIX D

TEMPORARY WORK ASSIGNMENT REQUEST AND APPROVAL FORM

This form must be completed by the employee who has been assigned by their immediate supervisor to perform the duties of a higher rated position. Submit it to your immediate supervisor no later than the tenth (10th) working day of your performance of the duties of the higher rated position.

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

IMMEDIATE SUPERVISOR

Name of Immediate Supervisor	Area of Responsibility
Date Form Received from Employee	Employee's Present Title
Title of Higher Position Assigned to Employee	Effective Date of Assignment

APPENDIX D (CON'T)
TEMPORARY WORK ASSIGNMENT REQUEST AND APPROVAL FORM

_____
Previous Incumbent of Position

Reasons for Assignment:

Anticipated Duration of Assignment: _____

_____ _____
Signature of Immediate Supervisor Date of Signature

_____ _____
Signature of Intermediate Supervisor/Department Head Date of Signature

The Immediate Supervisor must forward the Original of this form to the Chief Human Resources Officer after obtaining the Signature of the Intermediate Supervisor/Department Head.

CHIEF HUMAN RESOURCES OFFICER

☐ APPROVED ☐ DISAPPROVED

_____ _____
Title of Higher Rated Position Duration of Assignment

Reasons for Approval/Disapproval:

_____ _____
Signature of Chief Human Resources Officer Date of Signature

cc: Employee
Immediate Supervisor
Intermediate Supervisor