

APPENDIX D

TEMPORARY WORK ASSIGNMENT REQUEST AND APPROVAL FORM

This form must be completed by the employee who has been assigned by his/her immediate supervisor to perform the duties of a higher rated position. Submit it to your immediate supervisor no later than the tenth 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 to which you have been assigned	_____ 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 Personnel Officer after obtaining the signature of the intermediate supervisor/department head.

CHIEF PERSONNEL OFFICER

- APPROVED
- DISAPPROVED

Title of Higher Rated Position

Duration of Assignment

Reasons for Approval/Disapproval:

Signature of Chief Personnel Officer

Date of Signature

cc: Employee
Immediate Supervisor
Intermediate Supervisor