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 day of your performance of the higher rated position’s duties.

___________________________________
Name of Employee

___________________________________
Employee Number

___________________________________
Title of Present Position

___________________________________
Title and Grade of Higher Rated Position

___________________________________
Previous Incumbent of Position

___________________________________
Effective Date of Assignment

___________________________________
Estimated Duration of Assignment

Reasons for Assignment ____________________________

___________________________________
Signature of Employee

___________________________________
Date of Signature

___________________________________
Name and Signature of Immediate Supervisor

___________________________________
Date of Signature

IMMEDIATE SUPERVISOR MUST FORWARD ORIGINAL TEMPORARY WORK ASSIGNMENT FORM TO THE PERSONNEL ADMINISTRATOR ALONG WITH A COMPLETED PERSONNEL ACTION FORM.

Approval________ Disapproval (Reasons)______________________________

Name and Signature of Personnel Administrator____________________________

CC: Employee
Immediate Supervisor