

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