

APPENDIX B 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 (10th) day of your performance of the higher rated position's duties.

Name of Employee	_____
Employee Number	_____
Title and Grade of Higher Rated Position	_____
Effective Date of Assignment	_____
Reasons for Assignment	_____
Signature of Employee	_____
Name and Signature of Immediate Supervisor	_____
Title of Present Position	_____
Previous Incumbent of Position	_____
Estimated Duration of Assignment	_____
Date of Signature	_____
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 Manager of Total Compensation

cc: Employee
Immediate Supervisor