

**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	_____ Effective Date of Assignment to which you have been assigned
_____ Signature of Employee	_____ Date of Signature

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**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 (Check One)

\_\_\_\_\_  
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*