TEMPORARY ASSIGNMENT IN HIGHER CLASSIFICATION Emergency and Anticipated Assignments

1. If this is an emergency assignment, the assignment must be made in <u>writing</u> by completing this form before or during the assignment, for one of the following reasons: (Check one)

 Leave Without Pay		Sick Leave	
 Disability Leave		Work Related Disability Leave	

2. If this is not an emergency assignment, the assignment must be in <u>writing</u> by completing this form <u>prior</u> to the assignment date, for one of the following reasons.

 Annual Leave	 Extended Sick Leave	 Personal Leave
 Military Leave	 Sick Leave Without Pay	 Civil Leave

Other: _____

- 3. Is this assignment <u>absolutely essential</u> and <u>critical</u> to the continued operation of your organizational unit? <u>Yes</u> No
- 4. Have all attempts been made to have the duties assigned upward or laterally among one or more employees? _____ Yes _____ No
- 5. Does the employee you are assigning meet the Minimum Experience and Training Requirements (MET's) for the class to which assigned? _____ Yes _____ No

Call Brad Henry (extension 2253) in Human Resources if you have any questions concerning what the MET's might be for this particular class. Except in emergency situations, qualification determinations are to be made prior to the assignment of the employee.

- 6. Is the assigned employee responsible for <u>generally all</u> of the normal day-to-day duties expected of this temporarily vacant position? <u>Yes</u> No
- 7. Are the duties of this temporary assignment separate and distinct from the employee's regular assignment? _____ Yes _____ No

STOP HERE if you answer "NO" to <u>any</u> of the above questions. <u>THE TEMPORARY</u> ASSIGNMENT WILL NOT BE PAID.

From(date)	to(date)	(total hrs) Employee's Name:	
Class Title: _		W	ill be a substitute for	
as a				
Supervisor's Sign	ature		Date	
Manager's Signature			Date	
Human Resources	s Office (Assignmer	nt Approved After-The Fact)	Date	
Distribution:	Original: Copy:	Human Resources Offi Employee, as notice of Supervisor		
	(DO NO	T WRITE BELOW THIS S	PACE – OFFICE USE ONLY)	,
Number of Ho	ours Approved:	List of	Dates if Not Consecutive:	

GUIDELINES FOR COMPLETING TEMPORARY ASSIGNMENT IN HIGHER CLASS FORM

- 1. Supervisors must complete this form on behalf of their employee and give a copy to the employee.
- 2. If it is not an emergency assignment, the employee's temporary assignment should be given in writing by completing this form <u>prior</u> to the assignment.
- 3. Be sure to complete each question listed <u>and</u> have the manager of our area sign.
- 4. If the time period of the temporary assignment is over two calendar quarters consecutively (example December 15 through January 15) complete separate forms for the time each quarter.
- 5. All forms should be turned in on a biweekly basis. Once the threshold requirement has been met, payment will be included in the biweekly paycheck.

The following is offered as clarification of when an employee is eligible to be compensated for higher class work on <u>partial</u> days.

1. The threshold for eligibility for an out-of-class payment must be met. Those thresholds as set forth in the labor agreements are as follows:

AFSCME – Article 27	5 full cumulative days in a calendar quarter
PNA – Article 23 SPFPA – Article 27	5 full cumulative days or 10 full ¹ / ₂ cumulative days in a calendar quarter
SCUPA – Article 12	15 full cumulative days in a calendar quarter

2. The employee who is to be paid out-of-class pay <u>must first be assigned</u> to work out-of-class the <u>entire day</u>. Should that <u>assigned employee</u> only work part of that day, then a partial day may be paid.

Please note also: (a) partial days are not compensable before the threshold is met,

(b) partial days cannot be used to meet the threshold (except for PNA and SPFPA employees),

and (c) employees are entitled to out-of-class pay for a holiday provided they work at the higher level the day before and the day after the holiday.