

REQUEST FOR STAFF INTERIM ASSIGNMENT

(Complete form and secure approval IN ADVANCE of services being rendered)

Return Completed Form to: _____ Email: _____

I. EMPLOYEE INFORMATION

Name: _____ College/Division: _____
Title: _____ Current Comp Rate: _____ Current Salary: _____
Department: _____ Current FTE: _____ Empl ID: _____
Date of Request: _____ Position Number: _____

II. DESCRIPTION OF INTERIM ASSIGNMENT

Amount of Interim Pay: _____ per Hour
per Month Interim % Increase: _____ Interim Comp Rate: _____
#DIV/0! 0.00
Vacancy: Temporary Reassignment: Other Special Projects:

Vacant Position Title: _____ Vacant Position Number: _____
Department: _____ Cost Center: _____
Date Vacancy Posted: _____

Activites to be performed:

Dates: From _____ To _____ (Not to exceed 6 months)

Additional justification (if needed):

III. APPROVALS

Chair/Supervisor Department Date

Dean/Director College/Unit Date

College/Division Administrator College/Division Date

Vice President (or designee) Division Date

Human Resources Date