

TEMPORARY ASSIGNMENT AGREEMENT LETTER

Date:
Organizational Unit:
Employee Name:
Personnel Number:
Position Title:
Position Number:

This letter confirms our agreement for you to temporarily be given additional duties to serve as **(JOB TITLE)** beginning **(DATE)** and continuing no longer than **(DATE)** unless further approval is granted. Your new **(monthly salary or hourly rate)** will be _____.

At the end of the temporary assignment, you will resume your previous job duties with your salary reverting to the salary before your temporary assignment, plus any adjustments that occurred during your temporary assignment.

Department Head Signature

Date

Human Resources Signature

Date

Budget Office Signature

Date

Employee's Signature

Date

c: HR File