

**Instructions - (Please Provide a Copy to the Employee)**

**Purpose** Complete this form to record management-directed assignment changes involving:

- a. Temporary assignments to perform duties other than those in employee's official job description, including higher level and training assignments.
- b. Scheduled hours and/or days off when schedule change is not posted.

**Frequency** Form is valid up to 6 months (180 days). A new form is required for assignments exceeding 180 days, or subject to local management discretion.

**Approvals** Assignments and changes must be approved by immediate supervisor or the manager.

**Signatures** If employee is unable to sign the form, the supervisor must indicate how the employee was notified in the employee signature space. Details of notification are to be provided in the form's Employee Notification Box.

**Current Assignment**

To: (Name)				Position Title			
Home Installation				Employee ID			
Employee Official Tour				Scheduled Days Off			
Begin Tour	<input type="text"/>	End Tour	<input type="text"/>	<input type="checkbox"/> Saturday	<input type="checkbox"/> Monday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday
Lunch Out	<input type="text"/>	Lunch Return	<input type="text"/>	<input type="checkbox"/> Sunday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	
Des/Act Code	LDC	OPER-LU	Rate Schedule	Level	Pay Location	FLSA <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt	

**New Directed Assignment**

Position Title				FLSA Worksheet (If temporary assignment includes hours outside of (paid) FLSA work week, enter FLSA work week and send copy to FLSA coordinator)			
				<input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
Des/Act Code	LDC	OPER-LU	Rate Schedule	Level	Pay Location	FLSA Exempt to Nonexempt Position <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Assignment (If other, explain)	<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Vacancy	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Detail	Employee Type		
	<input type="checkbox"/> Scheduled Day Off	<input type="checkbox"/> <b>Bargaining Unit Employee</b> - Notify by Wednesday of week preceding change (Not required for clerk craft if detailed to a nonbargaining position)					
Location (Give exact worksite, if route, give number)				<input type="checkbox"/> <b>Nonbargaining Employee</b> - Provide 4 days notice			
Finance Number				Higher Level Authorization Method			
				<input type="checkbox"/> Auto Higher Level <input type="checkbox"/> Daily Authorization <input type="checkbox"/> Temporary Job Assignment <input type="checkbox"/> Timecard 1230-C			
Employee Assigned Tour				Scheduled Days Off			
Begin Tour	<input type="text"/>	End Tour	<input type="text"/>	<input type="checkbox"/> Saturday	<input type="checkbox"/> Monday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Friday
Lunch Out	<input type="text"/>	Lunch Return	<input type="text"/>	<input type="checkbox"/> Sunday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	
Assignment Start Date _____		Assignment End Date _____		Start Date for RSC E or V to E or V Higher Level (5 days after assignment start date) <b>Date (MM/DD/YYYY)</b>			
Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		_____			
Supervisor Name (Print)				Supervisor Signature		Date (MM/DD/YYYY)	
Employee Signature				Date (MM/DD/YYYY)			
				Comments on Employee Notification			
Date Employee Was Notified (MM/DD/YYYY)							