



# Assignment Order

\* If temporary assignment includes hours outside of (paid) FLSA workweek, enter FLSA workweek and send copy to FLSA coordinator.

\*\*For qualified LSM/FSM operator who works intermittently on higher level, enter "None."

To: (Name)		Position Title			Employee ID			PP	PSDS	YR	
					Home Installation			Day	Init.	Hrs.	
▼ Employee Regular Tour ▼		Off Days			FLSA	Des/Act	LDC	Rate	Level	Pay Loc.	
Begin Tour	Lunch-Retrn.	Sat.	Sun.	Mon.	E/N	Code	Sched.				
Lunch-Out	End Work	Tues.	Wed.	Th.							
		Fri.									
▼ You Are Assigned and Directed to Perform the Duties as Follows: ▼											
Position Title		FLSA Workweek*			FLSA	Des/Act	LDC	Rate	Level	Pay Loc.	
		F S			E/N	Code	Sched.				
▼ Assignment Tour ▼		Off Days			Location (Give exact worksite. If route, give number.)			Finance No.			
Begin Tour	Lunch Retn.	Sat.	Sun.	Mon.							
Lunch-Out	End Work	Tues.	Wed.	Th.							
		Fri.									
▼ Beginning of Assignment ▼					▼ Approximate Ending of Assignment ▼						
Date		Time	AM	PM	Date**			Time	AM	PM	
Reasons for Assignment					Check if Applicable						
<input type="checkbox"/> Other (Explain): <input type="checkbox"/> Vacancy <input type="checkbox"/> Scheduled Day off					<input type="checkbox"/> Bargaining Unit Employee Notified by Wednesday of Week Preceding Change (Not Required for clerk craft if detailed to a nonbargaining position.)						
<input type="checkbox"/> Annual Leave					<input type="checkbox"/> Nonbargaining Employee Given 7 Days Notice						
<input type="checkbox"/> Sick Leave <input type="checkbox"/> Detail											
Supervisor's Signature		Date		Employee's Signature				Date		<input type="checkbox"/> Continued on Reverse	

## Instructions

1. **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.
2. **Frequency.** Prepare a new form for each accounting period.
3. **Approvals.** Assignments and changes may be approved by immediate supervisor.
4. **Signatures.** If employee is unable to sign form, the supervisor should indicate and also identify how the employee was notified in the employee signature space.

Day	PP	PSDS	YR
	Init.	Entry	Hrs.
Sat 01			
Sun 02			
Mon 03			
Tue 04			
Wed 05			
Thur 06			
Fri 07			
Sat 08			
Sun 09			
Mon 10			
Tue 11			
Wed 12			
Thur 13			
Fri 14			