



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

TEMPORARY PERFORMANCE OF HIGHER LEVEL DUTIES

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name		
Company	Department		Job Code Title	
Position No.	Proposed Start Date	Proposed End Date	Salary Range/Step /	Hourly Rate

REASON FOR TEMPORARY PERFORMANCE (Indicate below which category of compensation is being requested)

Project Compensation <input type="checkbox"/> Initial Request <input type="checkbox"/> Extension Indicate requested bonus amount up to 7.5%: _____% The above named employee will be temporarily assigned the duties specified below that are beyond their current Job Code Title.	Assignment to Vacant Higher Position The above named employee meets the qualifications for and will be assigned and held responsible to fully perform all of the duties normally associated with position #_____, Job Code Title _____, Salary Range _____. A current employment application must be attached. The higher level position is vacant due to: <input type="checkbox"/> Attrition of former incumbent <input type="checkbox"/> New position and there is no eligible list <input type="checkbox"/> Incumbent on extended leave of absence <input type="checkbox"/> Other - _____
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DESCRIPTION OF JOB DUTIES

(If additional space is needed, use the reverse side of this form or attach the information)

Appointing Authority or Designee Signature	Date
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I agree to perform the duties stated above as well as the duties normally associated with my classification. I understand that the assignment is temporary for not more than one year and will not serve as the basis for a reclassification request. I understand that going on extended leave or failure to achieve work goals will result in termination of this assignment. I understand that I cannot be paid for these duties until approved by the Director of Human Resources.

Employee Signature	Date
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Office Use Only Human Resources Business Partner Review

Recommended Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:
Human Resources Business Partner Signature: _____ Date: _____

Employment Division Review Required for Assignment to Vacant Higher Position

Meets minimum qualifications: <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Eligible List: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Effective Start Date: _____ Effective End Date: _____
Comments:	
Employment Division Signature: _____	Date: _____

Classification Section Review Required for Project Compensation

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Recommended Percentage _____ %	Effective Start Date: _____	Effective End Date: _____
Comments:			
Classification Section Signature: _____			Date: _____

Director of Human Resources (HR)

Recommended Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
Director of Human Resources (HR) Signature: _____	Date: _____

Chief Executive Officer Signature (required if Director of HR is appointing authority)

Recommended Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	
Chief Executive Officer Signature: _____	Date: _____

Office Use Only

Keyed By (Employee ID)	Date	Audited By (Employee ID)	Date
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This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.