

REQUEST FOR OUT-OF-TITLE ASSIGNMENT

Submit Original and Two Copies to the Department of Personnel

PART I: To be completed by Immediate Supervisor

REQUESTING DEPARTMENT: _____

INCUMBENT (If none, state none): _____

EFFECTIVE DATES OF REQUEST FROM: _____ TO: _____

THIS IS A (Check one) _____ RETROACTIVE _____ PROSPECTIVE REQUEST

OUT-OF-TITLE REQUEST FOR:

(A) NAME OF EMPLOYEE: _____

(B) PRESENT POSITION: _____ TO: _____

(title/grade)

(title/grade)

IF APPLICABLE, INCUMBENT LISTED ABOVE WILL BE:

ABSENT DUE TO: _____ FROM: _____ TO: _____

(date)

(date)

REDISTRIBUTION OF WORK LOAD IS NOT POSSIBLE BECAUSE: _____

IMMEDIATE SUPERVISOR: _____

(name/title)

(date)

PART I (a)

DIVISION HEAD: _____

(signature)

(date)

APPROVE: _____ DISAPPROVE: _____

PART I (b)

DEPARTMENT HEAD: _____

(name/title)

(date)

APPROVE: _____ DISAPPROVE: _____

PART II: To be completed by Department of Personnel

APPROVED FROM: _____ TO: _____ TOTAL WKS.: _____

TOTAL 200__ WEEKS USED WITH THIS APPROVAL: _____

DISAPPROVED () COMMENT: _____

(Commissioner of Personnel Signature)

(date)