

Coconino Community College

Special Duty Assignment Request Form

Per Procedures 443.1.3.5, 443.2.5 and 444.2.6, a supervisor may appoint a qualified employee in good standing (excluding probationary and temporary employees) to another position. The temporary assignment is subject to the review and concurrence of the Human Resources Director for appropriate classification, minimum qualifications, salary, etc.

The attached statement of understanding should to be signed by the supervisors and the employee. The signed statement must be forwarded to the Human Resources Department along with the request form and Personnel Action Form (PAF) prior to the assignment offer or the effective start date of the assignment. An ending date must be indicated.

Employee:	
Supervisor of Special Assignment:	
Department of Special Assignment:	
Effective Start Date:	Ending Date:
Employee's current regular position:	
Supervisor of regular position:	
Department of regular position:	

Supervisor of Special Assignment

Date

Supervisor of Regular Position

Date

Human Resources Director

Date

Coconino Community College

Special Duty Assignment Statement of Understanding

The duration of this special assignment will last a minimum of thirty days and no more than one year. The special assignment may end prior to the indicated ending date at the discretion of the supervisor.

You must be in good standing with Coconino Community College. If you should become involved in any form of progressive discipline, your special assignment will end, and you will be returned to your former position.

Your assignment to special duty does not, in any way, guarantee the special assignment classification or pay on a permanent or regular basis. The special assignment does not confer any explicit preference in competing for the position if or when a regular opening occurs.

Upon your completion of special assignment, you will return to your former position and salary rate. You will receive any annual salary increases for which you became eligible based on your previous salary.

Your signature below indicates that you understand the terms of this special assignment. If you do not understand these terms, please contact the Human Resources Department prior to signing this statement.

Signature

Name (Print)

Date