

**Administrative Staff
Temporary Appointment (Secondment) Form**



Name of Person Appointed/Seconded: _____ Employee# _____

Temporarily, Employee Reports To: _____ Person Entering Leave: _____

Position Seconded To: _____ Academic, Admin, or Support (Please circle one)

Start Date: _____ Finish Date: _____

Name of Person Being Replaced: _____ Position # _____

Reason: _____

Percentage or Rate to Compensate Employee: _____ Cost Centre to be Charged _____

Rate of Compensation – The rate of compensation is normally: the employees' current salary plus an additional ten percent. The percentage value assigned can also be of a lesser value. Please denote above the percentage you wish to compensate the employee at, if at all.



Please action the Temporary Assignment for the employee noted above:

 (Manager's Signature)

 (Date)

 (Base Position Manager's Signature)

 (Date)

For HRS Use Only

Task Code		
103	Temp Assign Internal	Additional comments:
106	Temp Assign External	
109	Temp Assign Additional	
112	Temp Assign Redundant	
	Leave Verification	