



Temporary Assignment Pay (TAP) Recommendation

A. TAP Recommendation

Employee Name _____ Datatel ID _____

Title _____ Classified Prof/Tech

Anticipated Effective Date _____ Possible Length of Assignment _____

Account # _____

NOTE: Classified Employee assignments must begin on bi-weekly pay period cycle.

B. Reasons for TAP Recommendation

- Assignment of significant amount of duties at an equal or higher level (not associated with a position vacancy).
 - Attach a justification of the assignment, including a detailed description of the duties, estimated percent of time, an explanation of how the duties are currently being performed, and how employee's current duties will be changed.
- Assignment of temporary duties at an equal or higher job classification, based on the essential functions of a vacant position.
 - Vacant position title _____
 - Name of employee who held the position _____
 - Attach a detailed description of essential duties to be assigned, estimated percent time, including an explanation of how employee's current duties will be changed.
- Assignment of a major project that requires skills at equal to or higher job classification that includes supervision of employees.
 - Attach a detailed description of the project, including required skills, estimated percent time, and a list of employee names and titles to be supervised.

NOTE: All attachments must remain with this form.

C. Submitted by

Name _____ Title _____

Department _____ Campus _____ Phone _____

Email Address _____

Signature: _____ Date: _____

Forward to next level supervisor.

D. Departmental Budget Authority/Next Level Supervisor

I have reviewed this recommendation and Approve Disapprove

Name _____ Title _____

Department _____ Campus _____ Phone _____

Email Address _____

Signature: _____ Date: _____

Forward to HR Compensation, HBC.

E. HR Compensation Review

All duties are at an equal or higher job classification level

Some duties are at an equal or higher classification level

Comment: _____

Recommendation complies with TAP policy

Recommendation does not comply with TAP policy

Amount of TAP to be paid per month

\$250 (\$115 per bi-weekly pay period, \$250 per month paid over 26 pay periods)

\$450 per month

Other amount: _____

Comment: _____

Reviewed by _____ Date _____

Checked by _____ Date: _____

Start Date _____ End Date _____

**F. HR Compensation
Manager Approval**

Recommendation Approved

Recommendation Not Approved

Signature _____ Date _____

Email sent to supervisor

Email sent to HR Compensation

Email sent to HR Records

If recommendation is approved, HR will enter the TAP and file the form.

HR Records: Processed by/date _____
Forms in file _____

Email sent to employee