

STATE OF MAINE
DEPARTMENT OF PERSONNEL

May 31, 1978

PERSONNEL MEMORANDUM 19-78

TO: All Department Heads

SUBJECT: Temporary Transfers - Institutional Services Contract

The following procedures shall be used in authorizing payment to employees for Temporary Assignments to a higher class for 10 or more consecutive work days.

Agency Responsibility:

1. The agency is responsible to determine that the temporarily assigned employee is qualified to perform the duties required by the class specification and job description governing the higher class.
2. The assignment shall not normally be to a class more than the equivalence of one career level above the incumbents class.
3. Submit a roster sheet to Personnel (see attached form) in triplicate, which shall include the following: Name, Social Security Number, Present Class, Range and Step, Temporary Transfer Class, Range and Step, Present Salary, Temporary Salary, Inclusive Date of Temporary transfer and Amount Due.
4. The roster sheet shall be signed by the appointing authority; said signature shall be construed as certifying the requested action as accurate and authorized. The roster sheet shall also explain why it was necessary to use the temporary transfer for a period in excess of 10 consecutive working days.

Personnel Department Responsibility:

1. Audit the roster sheet immediately upon receipt to ensure that salary dates are correct.
2. Authorize the increased payment by signature on the listing and return the original and third copy to the agency within one work day of receipt and retain the second copy.

Agency Responsibility:

1. Submit the original copy of the roster sheet to Accounts and Control for payment with the next Cycle A or B payroll as appropriate.

2. Notify the Personnel Department, in writing by memorandum, when the employee completes the temporary transfer and is reassigned to the regular position.

It shall be Policy that temporary transfers shall be shared equitably among all employees who are qualified to perform duties in the higher class.

ROBERT J. STOLT
COMMISSIONER

MAY BE REPRODUCED LOCALLY TO MEET DISTRIBUTION NEEDS

STATE OF MAINE

Inter-Departmental Memorandum Date _____

To Robert J. Stolt, Commissioner

Dept. Personnel

From _____

Dept. _____

Subject Temporary Transfer

NAME	SS#	PRESENT CLASS	RANGE STEP	TEMP. CLASS	RANGE STEP	PRESENT SALARY	TEMP. SALARY	INCLUS. DATES	AMOUNT TO BE PAYED
------	-----	---------------	------------	-------------	------------	----------------	--------------	---------------	--------------------

I certify that the listed employee(s) have been performing duty in in the higher class for a period for 10 consecutive working days. The reasons for this are:

- (1)
- (2)
- (3)

(Signed) Appointing Authority

(Typed) Appointing Authority
Name and Title

TO:

FROM: Robert J. Stolt, Commissioner, Personnel Department

SUBJECT: Authorization of Temporary Transfer Salary Adjustment

1. In accordance with the Provisions of Section _____, Institutional Services Contract:

(A) The above payment is verified and authorized.

(B) Is corrected to \$ _____, because _____

Signed