

## **Interim Duty Agreement**

The following is an agreement between			( <i>Supervisor/Manager</i> ) and		
		(Employee Name)	(MUID Number) in		
			Department/College/Division),		
position #	The superv	supervisor is requesting that this interim assignment be effective from			
	(Start Date) to	( <i>End Date</i> ). If th	e interim duties being		
assigned are either in part or in whole from another position, please provide the position title and number					
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By signing below, both the supervisor and the employee acknowledge the following:

- 1) That the employee will be placed into the appropriate interim assignment with a title and/or pay range to be determined by Human Resource Services. (*Details of interim job duties must be attached*).
- 2) That the employee meets the knowledge, and experience requirements for the position. The employee may not hold the interim assignment if she/he does not meet the minimum established requirements.
- 3) That the length of an interim assignment is at the supervisor's/manager's discretion, and is limited to a 12-month maximum consistent with the West Virginia Higher Education Policy Commission, and any applicable law and regulations of the U.S. Department of Labor.
- 4) That no change in compensation will be made for assignments lasting less than four (4) consecutive weeks; however, the employee may still be directed to perform the interim duties without consideration of additional compensation during the first four (4) weeks of the assignment. Interim duties assigned are temporary and not intended to become a regular assignment.
- 5) That any additional salary increase received to perform the interim responsibilities will cease at the conclusion of the interim assignment and the employee's salary will be returned to that of the current position plus any increases in pay that would have been received during the time in an interim assignment.
- 6) Additional compensation approved will be calculated pursuant to principles outlined in the MU Compensation Guidelines which can be found on the Human Resource Services website. If in any case, the interim duties outlined in this agreement should become part of the employee's regular job description, any potential changes in compensation would be determined at that time. It is not to be <u>assumed</u> that the additional compensation approved as part of this agreement will become the employee's permanent salary.

- 7) That this agreement will not take effect until the form has been completed, submitted and approved by Human Resource Services (HR). Once the agreement is approved, HR will notify the department of approval and effective date. The department will need to process a Personnel Action Request (PAR) through the normal channels once the approval and effective date are received.
- 8) That this agreement shall be in effect until the above supervisor/manager or designee processes a PAR ending this interim assignment.
- 9) That if the employee has a current interim assignment agreement in effect, it can be submitted, approved and signed again as appropriate.

I agree to accept the interim assignment and the general duties as outlined by my supervisor/manager.

Employee's Name (Print)	Employee's Signature	Date	
Supervisor/Manager's Name (Print)	Supervisor/Manager's Signature	 Date	
Vice President's Name (Print)	Vice President's Signature	Date	

Only appropriate managers/supervisors may direct, require or ask employees to perform work on an interim or acting basis. An employee who performs duties outside his/her job description without prior supervisory authorization may face disciplinary action.

## **HR Use only Approve/Deny**

Marshall University					
Human Resource Services					
APPROVED:					
Approved to work in	Approved to work in interim capacity.				
Compensation					
No additional comp	No additional compensation				
Exempt employee	Exempt employee – administrative stipend in the amount of				
Non-exempt emplo	Non-exempt employee – interim salary increase in the amount of				
DENIED:		•			
Denied request for interim duty assignment					
HR Approver's Name:					
HR Approver's Signature:		Date:			