THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON DC

DIVISION OF HUMAN RESOURCE – COMPENSATION ADMINSTRATION DEPARTMENT

REQUEST FOR ASSIGNING INTERIM ADDITIONAL DUTIES

NOTE: ***A Change in Status (CIS) Form must accompany this form if a salary adjustment is requested.***

Employee Name _____

Current Position Title and Grade _____

Department _____

1). Briefly describe the interim additional duties the employee will perform.

2). Has another employee previously performed these duties? Yes ____ No ____

If yes, employee's Name _____ Title _____

3). Why is it necessary for the employee to perform the interim additional duties?

4). What factors support the selection of this employee to perform the interim additional duties?

5). What is the duration of the interim additional duties? Start date _____ End date _____

6). Is a salary adjustment being requested? Yes ____ Amount _____ No ____

If yes, how was the salary for the interim additional duties determined?

7). Is a courtesy title requested? Yes ____ No ____

If yes, what is the title? _____

Departmental Signature _____ Date _____