

## Short-term Temporary Assignment

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**Assigned:**

From Position: \_\_\_\_\_ Salary Scale: \_\_\_\_\_

To Position: \_\_\_\_\_ Salary Scale: \_\_\_\_\_

Commenced Assignment: Time: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Assignment Ceased: Time: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Total Number of hours: \_\_\_\_\_

Reason for Action: \_\_\_\_\_

Employee due Wage Differential: ☐ Yes ☐ No

Subordinate's Name: \_\_\_\_\_ Subordinate's ID: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Deputy Minister's/Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

### To be completed by Compensation and Payroll Services:

**Temporary Assignment Regular Pay:**

From Salary Grade: \_\_\_\_\_ Step: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

To Salary Grade: \_\_\_\_\_ Step: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Difference: \$ \_\_\_\_\_ x No of hours/days \_\_\_\_\_ = **Pay Owing** \_\_\_\_\_

**Temporary Assignment Wage Differential Pay:**

Subordinate's Salary Grade: \_\_\_\_\_ Step: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Difference: \$ \_\_\_\_\_ x No of hours/days \_\_\_\_\_ = **Pay Owing** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Payroll Specialist Signature:** \_\_\_\_\_ **Paid On:** \_\_\_\_\_

## **Short-term Temporary Assignment (HRS-110) Instructions**

The Short-term Temporary Assignment form (HRS-110) is to be completed for short-term temporary assignments, required to meet operational demands that do not exceed two (2) weeks duration (the equivalent of the number of hours in the employee's standard bi-weekly work week).

The name and salary scale (e.g. Clerk IV; GS) of the employee's current position and the position he/she is temporarily assigned to must be recorded on the form along with the start and end time, date and number of hours of the temporary assignment. As well, it must be indicated if the employee is owed wage differential on the short-term temporary assignment and if so the subordinate's name and ID must be recorded. Compensation and Payroll Services will determine the temporary assignment pay and wage differential owed to the employee.

The form should be completed and signed by the employee's supervisor and forwarded to the Deputy Minister or delegate (authorized Signing Officer) for payment approval. Completed and signed forms where possible should be scanned and emailed to Compensation and Payroll Services at [TimeLabour@gov.nl.ca](mailto:TimeLabour@gov.nl.ca). Forms should be forwarded for processing by Compensation and Payroll Services cut off dates (schedule can be found <http://www.intranet.gov.nl.ca/docs/cab.asp>). Please note that while Compensation and Payroll Services work to honour deadlines, we ask that you submit your information as early as possible to avoid high volume of submissions on deadline days. High submission volumes may lead to delays in processing. Forms received after cut off will not be processed until the following pay period. Incorrectly completed forms will be returned for correction prior to processing and could result in delays.

A copy of this form can be found on the Public Service Network site (<http://www.intranet.gov.nl.ca/docs/default.asp>) or by contacting the HR Service Centre. Any questions in completing this form can be directed to the HR Service Centre.

### **Contact Information:**

#### **HR Service Centre**

**E-mail:** [HRServiceCentre@gov.nl.ca](mailto:HRServiceCentre@gov.nl.ca)

**Phone:** 729-7690 or 1-888-729-7690

**Time and Labour E-mail:** [TimeLabour@gov.nl.ca](mailto:TimeLabour@gov.nl.ca)

#### **Mailing address:**

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Ground Floor, West Block  
PO Box 8700  
St. John's, NL  
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