



# Oregon Military Department Job Rotation Assignment MEMORANDUM OF AGREEMENT

ASSIGNMENT DETAILS		
EMPLOYEE NAME	EMPLOYEE ID #	CURRENT POSITION #
CURRENT CLASSIFICATION TITLE	NEW ASSIGNMENT CLASSIFICATION	
SENDING AGENCY / AGENCY #	RECEIVING AGENCY / AGENCY #	
ASSIGNMENT BEGIN DATE	EXPECTED ASSIGNMENT END DATE	

NATURE OF ASSIGNMENT

ALL JOB ROTATION ASSIGNMENTS MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION.

- DEVELOPMENTAL ROTATION:** Employee is assigned **ALL** of the duties of the higher level position as supported by the attached position description or a description of assignment of duties by the Appointing Authority. Employee **does not** meet the minimum qualifications of the higher level classification.
- CAREER ENRICHMENT ROTATION:** Employee is assigned **ALL** the duties of the higher level position as supported by the attached position description or a description of assignment of duties signed by the Appointing Authority. Employee **does** meet the minimum qualifications of the higher level classification.

CONDITIONS OF AGREEMENT INCLUDE THE FOLLOWING

- The receiving supervisor shall prepare an evaluation of the employee's performance at the completion of the assignment.
- The employee will be able to list the experience gained as part of his/her qualifications on future applications.
- The employee will not change status and remains in his/her permanent classification. The employee will be granted any salary adjustments or any increases for which he/she is eligible.
- The employee will remain eligible for Agency promotional opportunities (in sending agency).
- Funding reimbursement arrangements (if applicable): \_\_\_\_\_
- Workers' compensation coverage provided by: \_\_\_\_\_
- Management or employee may terminate assignment at any time.
- Other applicable special conditions: \_\_\_\_\_

SIGNATURES (By signing this document you agree to all the terms and conditions of the assignment listed above.)

_____ EMPLOYEE SIGNATURE	_____ DATE		
_____ SENDING SUPERVISOR	_____ DATE	_____ SENDING APPOINTING AUTHORITY	_____ DATE
_____ RECEIVING SUPERVISOR	_____ DATE	_____ RECEIVING APPOINTING AUTHORITY	_____ DATE

INSTRUCTIONS

1. Attach completed form with a copy of the position description or description of assignment duties to the Personnel Action.
2. Send this form and attachments to the Human Resources Office.
3. Approval signatures are required before the employee begins the assignment.