

		<b>COOK COUNTY HEALTH &amp; HOSPITALS SYSTEM EMPLOYMENT PLAN - SUPPLEMENTAL POLICIES</b>	
<b>POLICY TITLE: INTERIM ASSIGNMENT/INTERIM PAY</b>		<b>PAGE 1 of 1</b>	
<b>Date of Approval:</b> 06-10-2016  <b>Effective Date:</b> 10-17-2017	<b>Policy Number: 02.01.16</b>  <b>Associated Personnel Rule:</b> Interim Pay Policy 02.03.01	<b>Policy Form:</b> Interim Assignment/ Interim Pay Request and Authorization Form	

**AREAS/EMPLOYEES AFFECTED:** This Policy applies to all Departments and all Employees. If any provision in this Policy conflicts with a specific provision in any CBA, the provision in the CBA shall govern provided it does not permit or involve the use of any Unlawful Political Contact or Unlawful Political Discrimination. If any provision in this Policy conflicts with a specific provision in the Plan, the provision in the Plan shall govern..

**POLICY AND PROCEDURE:** CCHHS may make an Interim Assignment and authorize the payment of Interim Pay provided it complies with the following procedures:

No Political Reasons or Factors. All Interim Assignments and any related Employment Action established under this Policy must be done in accordance with Personnel Rules and the Plan, as and if applicable. No Employment Action relating to an Interim Assignment may be based on any Political Reasons or Factors.

Employees Eligible for Interim Assignment. In order to be eligible for an Interim Assignment, an Employee must (1) not be in an initial or probationary period and (2) possess all of the Minimum Qualifications contained in the Job Description for the Interim Assignment Position.

Submission of Request for Interim Assignment. A Department Head must complete an Interim Assignment Request Form approved by the Senior Leader, and submit it to the Chief of Human Resources or his or her designee. The Interim Assignment Request Form must include: (1) the reason the Position is vacant; (2) the specific reason(s) justifying the need for the Interim Assignment; (3) a copy of a current Job Description for the Interim Assignment Position; (4) the name, current Position, current Job Description, current resume and assigned Department of the Employee recommended for the Interim Assignment. If the Employee is in a Department other than the Department in which the Position is located, the Department Head of the Department in which the proposed Employee is assigned and the proposed Employee must also sign the Interim Assignment Request Form.

Approval/Denial of Request for Interim Assignment. The Chief of Human Resource or his or her designee will determine whether the request is appropriate and send written notice of his or her determination to the Department Head. DHR will send a copy of the determination along with the initial request to the EPO and the CA, while acting.

Interim Pay. For additional information please see the Interim Pay Policy #02.03.01, attached hereto as Exhibit C.

NPCC. All Employees assigned to an Interim Assignment pursuant to this Policy and all Employees participating in the request and approval on an Interim Assignment must also sign a NPCC certifying that no Political Reasons or Factors were considered.

**INTERIM ASSIGNMENT/INTERIM PAY FORMS**

Policy Number: 02.01.16

Interim Pay Policy: 02.03.01



**INTERIM ASSIGNMENT / INTERIM PAY REQUEST AND  
AUTHORIZATION FORM**

To: Chief of Human Resources

Date: \_\_\_\_\_

Cc: Employment Plan Officer

From: \_\_\_\_\_  
(Print Name)

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

Title: \_\_\_\_\_

If request is for an extension, what is the extension period requested?

From: \_\_\_\_\_ to: \_\_\_\_\_

Provide the following regarding the proposed initial interim assignment:

Title: \_\_\_\_\_ (Attach copy of Job Description)

Grade: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position ID: \_\_\_\_\_

Describe in detail the reason(s) the position is currently vacant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date vacancy began: \_\_\_\_\_

Date vacancy is expected to end: \_\_\_\_\_

Is the employee who previously held the position on a leave of absence and expected to return?

Yes\_\_\_ No \_\_\_

If yes, when is return anticipated? Date: \_\_\_\_\_



Provide the following information regarding the employee proposed to fill the Interim Assignment:

Name: \_\_\_\_\_

Current Title: \_\_\_\_\_

Current Department: \_\_\_\_\_

Name of Department Head (if different from Department Head requesting Interim Assignment)

\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Required Attachments:

- Job Description of the Interim Assignment Position
- Resume and copies of diplomas, licenses, certifications, etc. of the employee proposed to fill the Interim Assignment

**DEPARTMENT HEAD CERTIFICATION**

I hereby certify that I have taken steps to confirm that the employee proposed for the above Interim Assignment possesses all of the Minimum Qualifications of the position as listed in the job description and that this request is in compliance with the Interim Assignment Policy, contained in the Employment Plan Supplemental Policy Manual and the Employment Plan.

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any political reason or factor or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above interim assignment request or any related Employment Action. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination, and may subject me to criminal prosecution.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Title: Department Head Date: \_\_\_\_\_

**EMPLOYEE CERTIFICATION**

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any Political Reason or Factor as defined in the Employment Plan or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above interim assignment request or any related Employment Action. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination, and may subject me to criminal prosecution.

Signed: \_\_\_\_\_ Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

*FOR DEPARTMENT OF HUMAN RESOURCES USE ONLY*

**DEPARTMENT OF HUMAN RESOURCES DETERMINATION**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Department Head

Cc: \_\_\_\_\_  
Employment Plan Officer

From: \_\_\_\_\_  
Chief of Human Resources

Disposition of Request for Interim Approval/Extension of Interim Assignment:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**CHIEF OF DEPARTMENT OF HUMAN RESOURCES CERTIFICATION**

I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCHHS employment or hiring upon or because of any Political Reason or Factor or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is so prohibited. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, Political Reasons or Factors did not enter into any Employment Actions taken with respect to the above Interim Assignment or the employment or hiring process. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: Chief of Human Resources

Date: \_\_\_\_\_