

Supervisory Certification of Appropriate Use for a Temporary Appointment

Position, Grade and Series of Position be filled: _____

Division: _____

Duty Location: _____

I certify that the following conditions for temporary appointment have been met:

This appointment will not be needed for longer than one (1) year.
and is truly temporary in nature.

The reason for this temporary appointment is that it is either for
completion of a specific project or that it is necessary during a
peak workload period.

This position is not one that replaces and absorbs the position to
which an individual was originally appointed.

No previous identical position in the same commuting area and major
subdivision of the agency has been filled by temporary appointment for
an aggregate of two (2) years within the preceding three (3) years.

Selecting Official Signature

Date