



Department of Employee Relations

Cavalier Johnson
Mayor

Harper Donahue, IV
Director

Renee Joos
Employee Benefits Director

Nicole M. Fleck
Labor Negotiator

1/19/2024

City Service Commission
Department of Employee Relations
City Hall, Room 706

Re: Request to Extend Temporary Appointment – Nilsa Rosado-Jurkiewicz

Dear City Service Commissioners:

The Department of Employee Relations respectfully requests to extend the temporary appointment for Nilsa Rosado-Jurkiewicz to the Worker's Compensation and Safety Manager position.

Ms. Rosado-Jurkiewicz previously held this title from 2015 until her recent resignation from City Service in November 2023. In addition, Ms. Rosado-Jurkiewicz previous years of work experience in various positions within the Worker's Compensation has proved invaluable and her assistance with transitioning the current temporary incumbent in ensuring that the operations continues to run smoothly. This additional time in this temporary appointment would also allow for the on-boarding and adequate training of the new Worker's Compensation and Safety Manager who is scheduled to start March 4, 2024. Therefore, we are respectfully asking for this appointment be extended from February 27, 2024 until March 29, 2024.

Sincerely,

Renee Joos
Employee Benefits Director

JOB DESCRIPTION

FOR DER USE ONLY

Vacancy No.

City Service
Commission:
Fire & Police
Commission:

Finance
Committee:
Common
Council:

Instructions: Complete all sections. Refer to the *Guidelines for Preparing Job Descriptions* for instructions on completing specific items.

1. Date Prepared/Revised: 12/2/2023		2. Present Incumbent: n/a		Is incumbent underfilling position?			
3. Date Filled:		4. Previous Incumbent: Nilsa Rosado-Jurkiewicz		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>If YES, indicate Underfill Title in box 10.</i>			
5. Department: Department of Employee Relations			Bureau:		Unit:		
			Division: Employee Benefits		Section: Worker's Compensation		
6. Work Location: City Hall, Room 706			Telephone: (414)286-3510		Work Schedule:		
			Email:		Hours: 8:00 a.m. - 4:45 p.m. / Days: M-F		
7. Represented by a Union? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Bargaining Unit: If in District Council 48, which local?			9. FLSA Status (check one): <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt		
10.	Official Title: Worker's Compensation and Safety Manager				Pay Range	Job Code	EEO Code
	Underfill Title (if applicable):						
	Requested Title (if applicable):						
Recommended Title (DER Use Only):				Approved by:			
				Date:			

11. BASIC FUNCTION OF POSITION:

Under the direction of the Employee Benefits Director, this position is responsible for managing the daily operations for the City of Milwaukee's Worker's Compensation and Safety Section. This includes oversight of the City's Third Party Administrator (TPA) for worker's compensation claims, monitoring and auditing claim management activity for the Worker's Compensation Program, working with the City Attorney to coordinate defenses for litigated files, partnering with the City's Risk Manager and Safety Office on citywide safety programming and Return to Work (RTW) Programs including DER's Bridge to Work program, provide support for the City's Disabled Employee Placement Program (DEPP) and to the Employees' Retirement System for the Duty Disability Retirement process. Ensure compliance with the State of Wisconsin Department of Workforce Development Chapter 102 as well as safety and health standards for public employees and applicable OSHA reporting requirements.

12. DESCRIPTION OF JOB (Check if description applies to **Official Title** or **Underfill Title**):

A. ESSENTIAL FUNCTIONS/Duties and Responsibilities: (Refer to the "Guidelines for Preparing Job Descriptions" for instructions on determining Essential Functions.)

% of Time	ESSENTIAL FUNCTION
30	<p>Worker's Compensation Program</p> <ul style="list-style-type: none"> Plan, develop, and maintain an efficient delivery system and coordination of Worker's Compensation related programs. Responsible for audit and direct oversight of the contract terms as they relate to the administration of the Worker's Compensation benefits through the City's TPA to ensure fiscal responsibility, compliance with regulatory agencies (OSHA, DWD, CMS, etc.) and established City best practices. Conduct ongoing claims review and strategy sessions with the Worker's Compensation TPA to provide guidance and understanding of City departments and protocols to ensure effective and timely communication to the injured worker, employee departments and regulatory submissions. This includes maintaining updated service instructions for the TPA. Develop and implement policies and procedures for compliance with state and federal guidelines for Worker's Compensation and Occupational Safety and Health Standards. Supervise staff and provide guidance and establish workflows for daily operations of the Worker's Compensation staff to include policy & procedures, scanning operations, records request, records retention

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.

% of Time	ESSENTIAL FUNCTION
	schedules, etc.
20	Safety & Risk Management Programs <ul style="list-style-type: none"> • Oversee the City Wide Central Safety Committee, collaborate with Departmental safety Supervisors/Managers and DER's Risk Manager and Safety Officer in the preparation of annual safety reports, collecting and tracking annual worker's compensation metrics, Risk Assessments to include ergonomic studies and mitigating workplace hazards. • Coordinate and function as a liaison with departments on issues related to worker's compensation and safety activities including cultivating and expanding safety awareness and loss and risk control activities • Coordinate the City's OSHA 300 Reports and timely submission to the state's Department of Workforce Development (DWD) and the Federal Bureau of Labor Statistics (BLS) for worker's compensation claim data metrics. • Develop and implement appropriate reporting tools for tracking Worker's Compensation and Safety Risk Assessments statistics for loss control and payments. • Oversee City Return to Work (RTW) programs including managing and reviewing the Bridge to Work (BTW) program to ensure program efficiency and collaborating with the DEPP Program Administrator on returning injured employee's to work. • Develop, coordinate and implement Worker's Compensation and Safety training programs for employees and City departments as well TPA staff. • Monitor and oversee the Safety Glasses program for City employees.
30	Litigation <ul style="list-style-type: none"> • Provide ongoing support and assistance to the City Attorney's (CA) office regarding worker's compensation litigated issues. • Manage litigation activities to include the preparation of timely responses and appropriate defenses in disputed matters. • Develop risk analysis on disputed claim issues and formulate considerations on settlement matters including settlement authority to the CA. • Prepare compromise agreements under the direction of the CA for review and approval by DWD. • Document issues in dispute and outcomes of the agreement to ensure timely execution while limiting the City's liability and documenting the program/claims savings.
10	Subrogation <ul style="list-style-type: none"> • Manage recovery from third party liable parties the maximum allowable reimbursement on worker's compensation matters where the City has a right to declare a lien under WI State 102.29 including negotiating a resolution recovery.
5	Duty Disability Program (DDP) <ul style="list-style-type: none"> • Process all DDP applications and provide medical records and relevant information as it relates to duty related disability applications for injured workers in which DER has assumed full responsibility for protection of the City's interests as they relate to retirement disability allowances per City Ordinance.
5	<ul style="list-style-type: none"> • Other duties as assigned by the Employee Benefits Director and Director of Employee Relations.

B. PERIPHERAL DUTIES:

% of Time	PERIPHERAL DUTY
	•

C. NAME AND TITLE OF IMMEDIATE SUPERVISOR:

Employee Benefits Director

D. SUPERVISION RECEIVED: (Describe the extent to which work assignments and methods are outlined, reviewed, and approved by this position's supervisor.)

The Worker's Compensation/Safety Administrator receives direct supervision from the Employee Benefits Director

E. SUPERVISION EXERCISED:

Total number of employees for whom responsible, either directly or indirectly = **4**.

Direct Supervision: List the number and titles of personnel directly supervised. Specify the kind and extent of supervision exercised by indicating one or more of the following:

a. Assign duties	e. Sign or approve work
b. Outline methods	f. Make hiring recommendations
c. Direct work in progress	g. Prepare performance appraisals
d. Check or inspect completed work	h. Take disciplinary action or effectively recommend such

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Number Supervised	Job Title	Extent of Supervision Exercised <i>(Select those that apply from list above, a - h)</i>
1	Disability Compliance Coordinator (Claims Adjuster Specialist)	
1	Claims Adjuster	
1	Paralegal	
1	Temporary personnel based on business needs	

F. MINIMUM QUALIFICATIONS REQUIRED: (Indicate the MINIMUM qualifications required to enter the job.)

i. Education and Experience:

College degree; substantial claims management experience in an insurance environment will be substituted in lieu of a degree. 8-10 years of claims management experience and at least 5 years at a supervisor level.

ii. Knowledge, Skills and Abilities:

- Above average written, oral, interpersonal, decision-making, and analytical skills.
- Ability to work independently within their authority level.
- Broad yet strong technical knowledge and understanding of Worker's Compensation Law 102, including its requirements and provisions in addition to Chapter 80 & 81.
- Supervisory experience in managing staff and resources to support a claim count of 6,000 annually.
- Knowledge and understanding of Safety and Risk Management to include of DILHR, OSHA, and EPA safety regulations.

iii. Certifications, Licenses, Registrations:

iv. Other Requirements:

13. PHYSICAL AND ENVIRONMENTAL DEMANDS: TOOLS AND EQUIPMENT USED

The Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 requires job descriptions to provide detailed information regarding the physical demands required to perform the essential functions of a job; the conditions under which the job is performed; and the tools and equipment the employee will be required to use on the job. Reasonable accommodations may be made to enable qualified individuals to perform the essential duties and responsibilities of the job for each of the categories listed below.

G. PHYSICAL ACTIVITY OF THE POSITION: (List the physical activities that are representative of those that must be met to successfully perform the essential functions of the job).

CHECK ALL THAT APPLY:

<input type="checkbox"/>	Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like; using feet and legs and/or hands and arms. Body agility is emphasized. Check only if the amount and kind of climbing required exceeds that required for ordinary locomotion.
<input type="checkbox"/>	Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Check only if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.
<input type="checkbox"/>	Stooping: Bending body downward and forward by bending spine at the waist. Check only if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
<input type="checkbox"/>	Kneeling: Bending legs at knee to come to a rest on knee or knees.
<input type="checkbox"/>	Crouching: Bending the body downward and forward by bending leg and spine.
<input type="checkbox"/>	Crawling: Moving about on hands and knees or hands and feet.

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<input type="checkbox"/>	Reaching: Extending Hand(s) and arm(s) in any direction.
<input checked="" type="checkbox"/>	Standing: Particularly for sustained periods of time.
<input checked="" type="checkbox"/>	Walking: Moving about on foot to accomplish tasks, particularly for long distances.
<input checked="" type="checkbox"/>	Pushing: Using upper extremities to exert force in order to draw, press against something with steady force in order to thrust forward, downward or outward.
<input type="checkbox"/>	Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
<input checked="" type="checkbox"/>	Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Check only if it occurs to a considerable degree and requires substantial use of the upper extremities and back muscles.
<input checked="" type="checkbox"/>	Fingering: Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.
<input checked="" type="checkbox"/>	Grasping: Applying pressure to an object with fingers and palm.
<input type="checkbox"/>	Feeling: Perceiving attributes of objects such as size, shape, temperature or texture by touching with the skin, particularly that of the fingertips.
<input checked="" type="checkbox"/>	Talking: Expressing or exchanging ideas by means of the spoken word. Those activities which demand detailed or important instructions spoken to other workers accurately, loudly or quickly.
<input checked="" type="checkbox"/>	Hearing: Perceiving the nature of sounds with no less than a 40 db loss. Ability to receive oral communication and make fine discriminations in sound.
<input checked="" type="checkbox"/>	Repetitive Motions: Substantial movements (motions) of the wrist, hands, and/or fingers.
<input type="checkbox"/>	Driving: Minimum standards required by State Law (including license).

H. PHYSICAL REQUIREMENTS OF THE POSITION: (List the physical requirements that are essential functions of the job.)

CHECK ONE:

<input type="checkbox"/>	Sedentary Work: Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
<input checked="" type="checkbox"/>	Light Work: Exerting up to 10 pounds of force occasionally and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for Light Work.
<input type="checkbox"/>	Medium Work: Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
<input type="checkbox"/>	Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
<input type="checkbox"/>	Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

I. VISUAL ACUITY REQUIREMENTS: (List the visual acuity requirements that are essential functions of the job.)

CHECK ONE:

<input checked="" type="checkbox"/>	Operators (Electronic Equipment), Inspection, Close Assembly, Clerical, Administrative: This is a minimum standard for use with those whose job requires work done at close visual range (i.e. preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small parts, operation of machines, using measurement devices, assembly or fabrication of parts).
<input type="checkbox"/>	Machine Operators, Mechanics, Skilled Tradespeople: This is a minimum standard for use with those whose work deals with machines where the seeing job is at or within arm's reach. This also includes mechanics and skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. (If the machine operator also inspects, check the "Operators" box.)
<input type="checkbox"/>	Mobile Equipment Operators: This is a minimum standard for use with those who operate cars, trucks, forklifts, cranes, and high lift equipment.
<input type="checkbox"/>	Other: This is a minimum standard based on the criteria of accuracy and neatness of work for janitors, sweepers, etc.

J. THE CONDITIONS THE WORKER WILL BE SUBJECT TO IN THIS POSITION:

List the environmental/working conditions to which the employee may be exposed while performing the essential functions of the job. Include scheduling considerations such as on-call for emergencies, rotating shift, etc. **Approximate Percentage of time performing field work: 0%**

CHECK ALL THAT APPLY:

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<input checked="" type="checkbox"/>	None: The worker is not substantially exposed to adverse environmental conditions (<i>such as typical office or administrative work</i>).
<input type="checkbox"/>	The worker is subject to inside environmental conditions: Protection from weather conditions but not necessarily from temperature changes (<i>i.e. warehouses, covered loading docks, garages, etc.</i>)
<input type="checkbox"/>	The worker is subject to outside environmental conditions: No effective protection from weather.
<input type="checkbox"/>	The worker is subject to extreme cold: Temperatures below 32 degrees for period of more than one hour.
<input type="checkbox"/>	The worker is subject to extreme heat: Temperatures above 100 degrees for periods of more than one hour.
<input type="checkbox"/>	The worker is subject to noise: There is sufficient noise to cause the worker to shout in order to be heard above the surrounding noise level.
<input type="checkbox"/>	The worker is subject to vibration: Exposure to oscillating movements of the extremities or whole body.
<input type="checkbox"/>	The worker is subject to hazards: Includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals.
<input type="checkbox"/>	The worker is subject to atmospheric conditions: One or more of the following conditions that affect the respiratory system or the skin: Fumes, odors, dust, mists, gases or poor ventilation.
<input type="checkbox"/>	The worker is subject to oil: There is air and/or skin exposure to oils and other cutting fluids.
<input type="checkbox"/>	The worker is required to wear a respirator.

K. MACHINE, TOOLS, EQUIPMENT, ELECTRONIC DEVICES, SOFTWARE, ETC. USED BY POSITION:

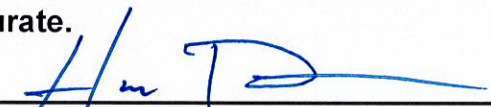
List equipment needed to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.)

CHECK ALL THAT APPLY:

<input type="checkbox"/>	Camera and photographic equipment	<input checked="" type="checkbox"/>	Office Equipment (desk, chair, telephone, etc.)
<input type="checkbox"/>	Cleaning supplies	<input checked="" type="checkbox"/>	Office supplies (pens, staplers, pencils, etc.)
<input type="checkbox"/>	Commercial vehicle	<input checked="" type="checkbox"/>	Packing materials (boxes, shrink wrap, etc.)
<input checked="" type="checkbox"/>	Data processing equipment	<input checked="" type="checkbox"/>	PC equipment (monitor, keyboard, printer, etc.)
<input checked="" type="checkbox"/>	Handcart	<input checked="" type="checkbox"/>	PC software
<input type="checkbox"/>	Hand tools (<i>please list</i>):		
<input checked="" type="checkbox"/>	Office Machines (<i>check all that apply</i>): <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Calculator <input type="checkbox"/> Cash register		
<input type="checkbox"/>	Other (<i>please list</i>):		

L. SUPPLEMENTARY INFORMATION: (Indicate any other information which further explains the importance, difficulty, or uniqueness of the position, such as its scope of responsibility related to finances, equipment, people, information, etc. Also indicate success factors such a personal characteristics that contribute to an individual's ability to perform well in the job, and any other special considerations.)

M. I believe that the statements made above in describing this job are complete and accurate.



 Signature of Department Head or Designated Representative

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.



TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

Rule IX, Section 2 of the Civil Service Rules allows a hiring authority to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.

SECTION I. TO BE COMPLETED BY HIRING AUTHORITY – PLEASE TYPE OR PRINT LEGIBLY

APPLICANT NAME (last, first, middle)		DATE
Rosado-Jurkiewicz, Nilsa		1/23/2024
POSITION TITLE	PAY RANGE	RATE OF PAY
Worker's Compensation & Safety Manager	1JX	\$4159.50

SECTION II. TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

I understand that if I am appointed to the position described above on a temporary basis, that I must meet the requirements for the position. I further understand that this temporary appointment may expire at any time and is limited to a period of 90 days, unless an extension at the request of the hiring authority is approved by the City of Milwaukee Civil Service Commission.

I understand that as a temporary appointee I am ineligible for paid holidays, sick leave, vacation or other benefits while serving on this temporary appointment, and that this temporary appointment shall not confer upon me any privilege of regular appointment. (Note: A current City of Milwaukee employee who accepts a temporary appointment to a different position retains his/her current benefits and civil service status).

I understand that if I wish to be considered for regular employment I must compete in a Civil Service examination for the position, and must pass the examination with a grade which shall place me among the top five scores on the eligible list in order to be eligible to interview for regular appointment to the position.

I understand that acceptance of a temporary appointment will not affect my rights to certification for permanent appointment to any position for which I am currently on an eligible list for.

In accordance with Civil Service Rule VIII, Section 10, concerning nepotism, I hereby certify that I am not related, either by blood or through marriage, to the appointing officer or to any member of the appointive board or body or to any direct superior or to any elective or appointive City official. (This includes relative of both whole and half blood, and extends to persons as closely related as first cousins when the relationship is by blood, or more closely related than first cousins when the relationship is through marriage, and includes the cases of husbands of sisters-in-law and wives of brothers-in-law).

A Rule IX, Section 2, temporary appointee who is on an eligible list may be considered for future regular appointment when the appointee ranks among the certifiable highest eligible on the list, or compete in a future examination.

Nilsa Rosado Jurkiewicz
 Temporary Appointment Applicant Signature

1/31/24
 Date Signed

Nicole M Fleck
 Witness Name (Print)

Nicole M Fleck
 Witness Signature

1/31/2024



Department of Employee Relations
 200 E. Wells Street, Room 706
 Milwaukee, WI 53202-3554



R. 07.08.19

NOTICE OF TEMPORARY APPOINTMENT

Rule IX, Section 2 of the Civil Service Rules allows a department to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.

When making an employment offer for a temporary appointment, the appointing officer must submit this completed form to DER no later than the close of the pay period in which the temporary appointment has been made. All temporary appointees must meet the minimum requirements established for the position to which the individual is appointed.

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO DER, CITY HALL, ROOM 706 OR DERCERTIFICATION@MILWAUKEE.GOV

TEMPORARY APPOINTMENT / APPOINTEE DETAILS

DEPARTMENT/DIVISION DER/ Administration	LAST NAME Rosado-Jurkiewicz	FIRST NAME Nilsa	INITIAL
AUTHORIZED POSITION TITLE Worker's Comp & Safety Manager	PAY RANGE 1JX	F&P COMMITTEE APPROVAL DATE ARP	REQUISITION # ARP
UNDERFILL TITLE (IF APPLICABLE)	PAY RANGE	WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral #	
REASON FOR TEMPORARY APPOINTMENT <input type="checkbox"/> During Leave of Absence of an employee who is expected to return <input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period	EFFECTIVE DATE 2/28/2024	ANTICIPATED EXPIRATION DATE 3/29/2024 5/28/2024	T.A. RATE OF PAY \$4159.50

ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW

PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED:
 The new incumbent for this role is scheduled to start March 4, 2024 this additional time will allow the continued operations of the workers compensation in addition to onboarding and training of the new incumbent.

EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE:
 Ms. Rosado-Jurkiewicz's previous experience in this role for over 9 years she is uniquely qualified to assist with critical job functions in the Worker's Compensation section.

PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:

<u>TRAINING AND EDUCATION:</u>	<u>WORK EXPERIENCE:</u> Claims Representative Management Services Adjuster - 2004-2015 Worker's Comp & Safety Mgr - 2015 - 2024	<u>OTHER REQUIREMENTS (i.e. LICENSES)</u>
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IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, CURRENT DEPARTMENT:	CURRENT POSITION TITLE:	EMPLOYEE ID NUMBER:
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IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTEE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.)
 No Yes – Explain Relationship

THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.

REPORTING OFFICER Renee Joos	SIGNATURE 	TITLE Benefits Director	DATE 1/23/2024
APPROVING OFFICER Harper Donahue IV	SIGNATURE 	TITLE Employee Relations Director	DATE 1/23/2024

THIS SECTION FOR DER REVIEW			
DER REVIEW COMPLETED BY:	SIGNATURE	TITLE	DATE