

ABOVE CLASS JUSTIFICATION SHEET

NAME OF EMPLOYEE _____

DEPARTMENT _____

DATE OF TEMPORARY ASSIGNMENT _____

HOURS OF ASSIGNMENT _____

**NAME AND TITLE OF ABSENT EMPLOYEE WHOSE
DUTIES ARE BEING PERFORMED BY ABOVE:**

DESCRIPTION OF TEMPORARY DUTIES: _____

**I HEREBY ATTEST THAT I HAVE PERFORMED ALL THE DUTIES OF THE
HIGHER POSITION FOR A FULL WORK DAY** _____

SIGNATURE

**I HEREBY ATTEST THAT THE EMPLOYEE HAS PERFORMED ALL THE
DUTIES OF THE HIGHER POSITION FOR A FULL WORK DAY**

DEPARTMENT HEAD

MUNICIPAL ADMINISTRATOR

() APPROVED BY ADMINISTRATOR

() DENIED BY ADMINISTRATOR

REASON FOR DENIAL: