

TEMPORARY ASSIGNMENT AGREEMENT

BETWEEN YUKON GOVERNMENT & NAME OF AGENCY/CORPORATION

Name of Agency/Corporation: Employee/Position Information

Employee: _____ Employee No.: _____
Department: _____ Branch: _____
Position Title: _____ Position No.: _____
Classification Level: _____ Location: _____
Position Type: Permanent Term Auxiliary Hours of Work: _____

Yukon Government: Temporary Assignment Position Information

Position Title: _____ Position No.: _____
Department/Branch: _____ Classification Level: _____
Location: _____ Hours of Work: _____

Length of Temporary Assignment

New Temporary Assignment

From: _____

To: _____

Extension of Temporary Assignment

From: _____

Extended To: _____

General Provisions:

During the assignment, the employee will remain an employee of [Name of Agency/Corporation](#).

Salary & Benefits:

The employee will continue to receive an annual salary of \$_____ and benefits at their substantive level within the [Name of Agency/Corporation](#), including any increases which normally would be received during the period of the assignment. Performance related increases are determined by performance evaluations completed by the host organization in collaboration with the sponsoring organization.

The Yukon Government will reimburse the full salary and benefits of the employee as outlined in the cost recovery section of this Temporary Assignment Agreement.

Leave:

The [Name of Agency/Corporation](#) will provide a current list of balances upon commencement of the temporary assignment. Requests for leave will be approved by the supervisor of the employee at the Yukon Government based on operational requirements. Records of leave taken will be forwarded to the [Name of Agency/Corporation](#) for maintenance on a monthly basis.

Normally, the same amount of vacation leave earned during the assignment will be taken by the employee during the term of the assignment. The value of any difference on vacation leave not taken, by the employee may be recovered at the end of the temporary assignment by the [Name of Agency/Corporation](#) or Yukon Government, as the case may be.

Cost Recovery:

The Yukon Government will reimburse the [Name of Agency/Corporation](#) salary in the amount of \$_____ per annum, plus all applicable benefits, allowances, merit and economic increases payable for the duration of the assignment for the employee. Arrangements for affecting the reimbursement will be made directly between:

Yukon Government

[Name of Finance Manager](#)

Title

Department

P.O. Box 2703

Whitehorse, Yukon Territory Y1A 2C6

Telephone: (867) _____ Fax: (867) _____

E-mail:

[Name of Agency/Corporation](#)

Contact Information

Overtime Arrangements: (when applicable)

Overtime must be authorized in advance by the Yukon Government. Overtime worked will be consistent with that provided for similar positions within the [Name of Agency/Corporation](#). Payment for overtime worked will be administered by the [Name of Agency/Corporation](#). The [Name of Agency/Corporation](#) shall notify the Yukon Government of the amount of additional payment due, which shall then be added to the invoice for the period during which the overtime was worked.

Evaluation:

The Yukon Government will provide the employee and the [Name of Agency/Corporation](#) with a written evaluation of their performance while on assignment within one month of the expiry of the assignment. Assignments lasting more than a year will be subject to regular evaluations as procedurally done by the Yukon Government.

Expenses:

The Yukon Government may authorize and assume other costs incurred by the participant during the assignment period, including training, travel, and relocation expenses.

Workers' Compensation Coverage:

During the assignment, the participant remains an employee of the [Name of Agency/Corporation](#) and will continue to be covered under the [Name of Agency/Corporation](#) workers' compensation arrangements.

Confidentiality:

While the employee is on assignment, they are bound by the confidentiality provision of the Yukon Government as well as the [Name of Agency/Corporation](#). After the temporary assignment is completed, the employee will still be expected to keep confidential any information pertaining to the work done during the temporary assignment.

Policies & Procedures:

The employee is expected to abide by the Yukon Government's and [Name of Agency/Corporation](#) policies and procedures.

Code of Ethics:

If the Yukon Government has a code of ethics or conduct, they must make the employee fully aware of them and of their implications in the work place. By signing this agreement, the employee agrees to abide by the Yukon Government's code of ethics or conduct.

Cancellation:

The assignment may be altered or cancelled by mutual consent of both the Yukon Government and [Name of Agency/Corporation](#) at any time.

Other: *(As needed)*

Signatures – Name of Agency/Corporation

(Employee)

Date

Agency Head

Date

Supervisor

Date

Human Resources

Date

Signatures – Yukon Government

Deputy Minister (or Designate)

Date

Supervisor

Date

Human Resources

Date

Public Service Commissioner

Date

CHRS Review
Initials: _____