Pursuant to 101 KAR 2:076, Section 2 or 101 KAR 3:050, Section 5, and with proper approvals, if the services of an employee are needed in a position other than the position to which the employee is regularly assigned, the employee may be detailed to that position.

Conditions of the detail to special duty are outlined below, providing notice of this action.

|  |
| --- |
| **Personnel and Position Details** |
| Employee Name: |       | PERNR: |       |
| Detail Type: | [ ] Internal (Not to exceed 1 year)[ ] Internal up to midpoint (Not to exceed 1 year)[ ] Internal w/ Overlap (Not to exceed 90 calendar days)[ ] Internal w/ Overlap up to midpoint (Not to exceed 90 calendar days)[ ] External (Not to exceed 90 calendar days)[ ] External up to midpoint (Not to exceed 90 calendar days)[ ] External w/ Overlap (Not to exceed 90 calendar days)[ ] External w/ Overlap up to midpoint (Not to exceed 90 calendar days) | Effective Date: |       |
| Planned Reversion Date: |       |
| Reason: |       |
|  | \*FROM: | TO: |
| Cabinet: |       |       |
| Office: |       |       |
| Department: |       |       |
| Division: |       |       |
| Branch: |       |       |
| Section: |       |       |
| Unit: |       |       |
| Position #: |       |       |
| Job Class: |       |       |
| Position Type: |  |  |
| Status: |  |  |
| Retirement: |       |       |
| Grade: |       |       |
| Salary: |       |       |
| OT Designation: |  |  |
| Increment Date: |       |       |
| Work County: |       |       |
| Work Tax Area: |  |  |
| Work Week: |  |  |
| Work Schedule: |       |       |
| Shift: |  |  |
| Locality: |  |  |
| *\*NOTICE: Classified employees retain status in the position from which they are detailed to special duty.* |
| **Agency Approvals** |
|       |  |       |  |
| Appointing Authority/Designee’s Name |  | Title |  |
|       |  |       |  |
| Appointing Authority/Designee’s Signature |  | Date |  |
| ***If External, receiving Appointing Authority and Personnel Cabinet Secretary approval must be included below.*** |
|       |  |       |  |
| Receiving Appointing Authority/Designee’s Name |  | Title |  |
|       |  |       |  |
| Receiving Appointing Authority/Designee’s Signature |  | Date |  |
|  |  |  |  |
| APPROVED BY: |  |       |  |       |
|  |  | Mary Elizabeth Bailey, SecretaryPersonnel Cabinet |  | Date |
| **Employee Acknowledgement** |
| I have reviewed the position details provided above and understand the changes from my current to detailed position. I also understand that if I am a classified employee with status, I will retain my status in the position from which I am being detailed to special duty. I will report to my new workstation on the provided effective date of the action. |
|       |  |       |  |  |
| Employee’s Signature |  | Date |  |  |