

SECTION 717: INSTRUCTIONS FOR COMPLETING
NOTIFICATION OF TEMPORARY ASSIGNMENT, STATE DPS FORM 10

1. Purpose.
 - (a) To report temporary assignments. It is used in lieu of the NOTIFICATION OF PERSONNEL ACTION, STATE DPS FORM 5.
 - (b) To report temporary assignment time worked. It is used in lieu of time sheets, SAFORM D-56.
2. Prepared By. The employing department prepares the STATE DPS FORM 10.
3. Agency Responsibility.
 - (a) Department of Personnel Services Circular No. 73-11, dated March 20, 1973, "Various Matters Pertaining to Personnel Management" states that, "...the Director of Personnel Services hereby delegates his authority to review and approve Forms SF-10, Notification of Temporary Assignment, to the head of each department and to the responsible subordinates he designates. Consequently, Forms SF-10 are to be sent directly to DAGS by each department." The individual departments are, therefore, responsible for the contents of Part I of STATE DPS FORM 10, which pertains to the personnel action reported.
 - (b) The Department of Accounting and General Services is responsible for the audit of Part II of STATE DPS FORM 10 which pertains to the computations for payment due the employee.
4. Frequency. As required.
5. Distribution. The STATE DPS FORM 10 is a four-part, carbon-interleaved form. Each copy of the form is to be distributed as follows:
 - (a) Copy #1 - State Comptroller (Central Payroll)
 - (b) Copy #2 - Optional Use (Chronological File)
 - (c) Copy #3 - Employing Agency (Employee's Copy)
 - (d) Copy #4 - Employing Agency (Personnel Jacket File Copy)

SECTION 717: INSTRUCTIONS FOR COMPLETING
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ITEM NO.	DATA AND DATA INSTRUCTIONS
A	Note: Instructions for some data fields have been purposely omitted because they are considered self-explanatory. These data fields are keyed with the letter (A).
1	DATE - Enter the date that the notification of temporary assignment was prepared by the employing department.
2	PART I. FOR REPORTING OF THE PERSONNEL ACTION - This part is used to report the personnel action.
3	DATE(S) OF TEMPORARY ASSIGNMENT - Enter the month and day(s) actually worked by the employee. If the substitute employee was on temporary assignment for a full month, indicate as, "full month of _____ 19__".
4	REASON FOR TEMPORARY ASSIGNMENT - Enter the reason(s) for temporary assignment.
5	NAME OF INCUMBENT - Enter the name of incumbent on leave (last name first, first name, and middle initial).
6	POSITION NUMBER - Enter the position number of the incumbent on leave.
7	POSITION TITLE AND WAGE BOARD OR SALARY RANGE - Enter the position title and the pay scale identification, wage board or salary range of the incumbent on leave. Example: Accountant II SR-18
8	TEMPORARY ASSIGNMENT PAY ADJUSTMENT - If the temporary assignment involved a salary position and it lasted less than a monthly period, the pay must be determined on an hourly basis, using the hourly rate. If the assignment is for a particular month, the pay must be determined on a monthly basis, using the monthly salary. Type in bold letters <u>MONTHLY RATES</u> (underlined) in this column before recording the data required. (Exception: The hourly rate may be used in cases where an employee's bargaining unit contract authorizes pay adjustments to be computed on the basis of an hourly rate of pay. Example: BU#11 for firefighters of the Airports Division, Department of Transportation.)

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ITEM NO.	DATA AND DATA INSTRUCTIONS
	FROM - Enter the pay scale identification, wage board or salary range, step, and hourly rate or monthly salary of the temporary position.
	TO - Enter the pay scale identification, wage board or salary range, step, and hourly rate or monthly salary of the temporary position.
9	PART II. FOR COMPUTING PAYMENT DUE - This part is used to compute the additional pay due the employee.
10	RATE OF PAY - Enter the hourly (or monthly) <u>difference</u> in pay.
11	REGULAR HOURS - Show the total number of compensable regular hours that the employee is entitled to higher pay for performing the temporary assignment, if on an hourly basis.
12	OVERTIME REGULAR - Show, on a separate line, the number of actual hours worked on an overtime basis during the temporary assignment period. When overtime is involved there must be two separate lines for the day when the employee worked more than regular hours.
13	OVERTIME CONVERTED - Show on the same line as Item 12 the converted actual hours worked on an overtime basis to overtime hours (at the rate allowed by law). Example: 3 (2 hours @ O.T. rate of 1.5)
14	(EXTRA COLUMN) - Enter the total number of extra regular hours the employee had to work each day over the hours he normally works each day. These extra hours are not entitled to overtime pay because the employee's normal hours are less than 8 hours a day.
15	AMOUNT - Enter the product of the amounts in RATE OF PAY column (Item 10) and the appropriate column(s) in ACTUAL HOURS WORKED area.
16	TOTAL AMOUNT DUE - Enter sum of AMOUNT column, Item 15 .
17	UNIFORM ACCOUNTING CODE - LEAVE BLANK if temporary assignment payment is chargeable to the regular uniform accounting code reported on STATE DPS FORM 5. Enter in this space only when the cost of the temporary assignment is charged to another account(s). (OVERRIDE)

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SECTION 717: INSTRUCTIONS FOR COMPLETING
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ITEM NO.	DATA AND DATA INSTRUCTIONS
18	<p>COST CHARGED - Allocate total amount due in Item 16 to the appropriate uniform accounting code charged. The sum of this column must be identical with TOTAL AMOUNT DUE, Item 16 .</p>
19	<p>EMPLOYING DEPARTMENT - The fiscal officer or personnel officer of an employing department must verify and approve the reason(s) given as indicated in Item 4 .</p> <p>Examples: 1. Sick Leave - Verify to FORM G-1, APPLICATION FOR LEAVE OF ABSENCE.</p> <p>2. LWOP - Verify to STATE DPS FORM 5, NOTIFICATION OF PERSONNEL ACTION.</p>
20	<p>DEPARTMENT OF PERSONNEL SERVICES - Leave blank.</p>

EXHIBIT A: SAMPLE FORM KEYED TO INSTRUCTIONS FOR COMPLETING STATE DPS FORM 10

STATE OF HAWAII
NOTIFICATION OF TEMPORARY ASSIGNMENT

STATE OPS FORM 10
3-1-78 (REVISED)

1. SOCIAL SECURITY NUMBER (A)	2. EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) (A)	3. POSITION NUMBER (A)	4. POSITION TITLE (A)	5. WS OR SR & STEP (A)	6. DEPARTMENT (A)	7. P/R NO. (A)	8. DIVISION OR SCHOOL (A)	9. DATE (1)		
(2) PART I. FOR REPORTING OF THE PERSONNEL ACTION					(9) PART II. FOR COMPUTING PAYMENT DUE					
10. DATE(S) OF TEMPORARY ASSIGNMENT (3)	11. REASON FOR TEMPORARY ASSIGNMENT (4)	12. POSITION TO WHICH TEMPORARY ASSIGNMENT IS MADE			13. TEMPORARY ASSIGNMENT PAY ADJUSTMENT		14. ACTUAL HOURS WORKED			15. AMOUNT (15)
		12.1 NAME OF INCUMBENT (5)	12.2 POSITION NUMBER (6)	12.3 POSITION TITLE AND WAGE BOARD OR SALARY RANGE (7)	13.1 WS OR SR STEP & HOURLY RATE OF PAY FROM (8)	13.2 TO (8)	14.1 RATE OF PAY (10)	14.2 REGULAR HOURS (11)	14.3 OVERTIME (12)	
16. EMPLOYING DEPARTMENT (19) I certify that the above named employee was assigned and assumed all or a major portion of the significant duties and responsibilities of the position(s) shown above and that the need for the services is immediate, essential and in the best interest of the public.		17. DEPARTMENT OF PERSONNEL SERVICES (20) If it is certified that the temporary assignment reported above has been made in accordance with the Hawaii Revised Statutes and with the personnel rules and regulations of the State of Hawaii.			18. TOTAL AMOUNT DUE (16)			19. UNIFORM ACCOUNTING CODE (17) APPROP. SUBDIV. OBJECT FUND PROJ.		20. COST CHARGED (18)
RECOMMENDED BY: (A) SIGNATURE OF SUPERVISOR		APPROVED: (A) BY OR FOR APPOINTING OFFICER			BY OR FOR DIRECTOR OF PERSONNEL SERVICES			STATE COMPTROLLER (CENTRAL PAYROLL)		

June 1, 1981

June 1, 1981

EXHIBIT B: FILLED OUT SAMPLE OF STATE DPS FORM 10

STATE OF HAWAII
NOTIFICATION OF TEMPORARY ASSIGNMENT

STATE DPS FORM 10 10-79 (REVISED)		1. EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		3. POSITION NUMBER	4. POSITION TITLE	5. WD OR SN OR MP	6. DEPARTMENT	7. JOB NO.	8. DIVISION OR SCHOOL	9. DATE		
575-43-4680		CHING, JOHN M.		20819	Bldg. Maint. Helper	WB5-1C	Health - C/S Hosp.	H50	Mahelona	10-17-79		
PART I. FOR REPORTING OF THE PERSONNEL ACTION						PART II. FOR COMPUTING PAYMENT DUE						
10. DATE(S) OF TEMPORARY ASSIGNMENT	11. REASON FOR TEMPORARY ASSIGNMENT	12. POSITION TO WHICH TEMPORARY ASSIGNMENT IS MADE			13. TEMPORARY ASSIGNMENT PAY ADJUSTMENT		14. RATE OF PAY	15. ACTUAL HOURS WORKED			16. AMOUNT	
		12.1 NAME OF INCUMBENT	12.2 POSITION NUMBER	12.3 POSITION TITLE AND WAGE BOARD OR SALARY RANGE	13.1 WD OR SN	13.2 STEP & HOURLY RATE OF PAY		15.1 REGULAR HOURS	15.2 OVERTIME			
9/17/79	Incumbent on T.A.	GANO, T.	20827	Bldg. Maint. Wkr. I W-9	WB5-1C	4.55	WB9A	5.01	.46	7.5		3.45
9/18, 19, & 26/79	"	"	"	"	"	"	"	"	.46	24		11.04
9/7, 8, 14, 21, 27 & 30/79	Incumbent on D.O. &/or C.T.O.	YAMASAKI, K.	20812	"	"	"	"	"	.46	48		22.08
9/15/79	Incumbent on D.O.	"	"	"	"	"	"	"	.46	3.5		1.61
9/16/79	"	"	"	"	"	"	"	"	.46	6		2.76
9/25 & 29/79	" on C.T.O. (6 hrs. daily)	"	"	"	"	"	"	"	.46	8		3.68
17. EMPLOYING DEPARTMENT						18. DEPARTMENT OF PERSONNEL SERVICES		19. TOTAL AMOUNT DUE			44.62	
I certify that the above named employee was assigned and assumed all or a major portion of the significant duties and responsibilities of the position(s) shown above and that the need for the services is immediate, essential and in the best interest of the public.						It is certified that the temporary assignment reported above has been made in accordance with the Hawaii Revised Statutes and with the personnel rules and regulations of the State of Hawaii.		20. UNIFORM ACCOUNTING CODE			21. COST CENTER	
RECOMMENDED BY:						APPROVED:		APPROP. SUBDIV. OBJECT FUND. L. PROJ.				
SIGNATURE OF SUPERVISOR						BY OR FOR APPOINTING OFFICER		BY OR FOR DIRECTOR OF PERSONNEL SERVICES				
DEPARTMENT OF PERSONNEL SERVICES												

June 1, 1981

STATE OF HAWAII
NOTIFICATION OF TEMPORARY ASSIGNMENT

STATE DPS FORM 10 3-77 (REVISED)		EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)		3. POSITION NUMBER	4. POSITION TITLE	5. GRADE & STEP	6. DEPARTMENT	7. DIVISION OR SCHOOL	8. DATE		
575-38-8099		ALEXANDER, CAROLE K.		3598	Supervising Clerk	SR-12	Personnel Services	Administration Steno Services	10-17-79		
PART I. FOR REPORTING OF THE PERSONNEL ACTION						PART II. FOR COMPUTING PAYMENT DUE					
9. DATE(S) OF TEMPORARY ASSIGNMENT	10. REASON FOR TEMPORARY ASSIGNMENT	11. POSITION TO WHICH TEMPORARY ASSIGNMENT IS MADE		12. TEMPORARY ASSIGNMENT PAY ADJUSTMENT		13. RATE OF PAY	14. ACTUAL HOURS WORKED			15. AMOUNT	
		NAME OF INCUMBENT	POSITION NUMBER	POSITION TITLE AND WAGE BOARD OR SALARY RANGE	12a. FROM		12b. TO	REGULAR HOURS	OVERTIME HOURS		AMOUNT
Full Month of October	Performed duties of the Secretary to the Deputy Director while incumbent on paid annual leave during the period.	BELL, MOMI S.	2015	Secretary to the Deputy Director SR-16	SR-12G 675.00	SR-16D 709.00	34.00			34.00	
EMPLOYING DEPARTMENT		DEPARTMENT OF PERSONNEL SERVICES		TOTAL AMOUNT DUE		34.00					
I certify that the above named employee was assigned and assumed all or a major portion of the significant duties and responsibilities of the position(s) shown above and that the need for the services is immediate, essential and in the best interest of the public.		It is certified that the temporary assignment reported above has been made in accordance with the Hawaii Revised Statutes and with the personnel rules and regulations of the State of Hawaii.		UNIFORM ACCOUNTING CODE		LOSS CHARGED					
RECOMMENDED BY:		APPROVED:		APPROV.		SUBDIV.		OBJECT		FUNCT.	
SIGNATURE OF SUPERVISOR		BY OR FOR APPOINTING OFFICER		BY OR FOR DIRECTOR OF PERSONNEL SERVICES							

EMPLOYING AGENCY (PERSONNEL JACKET FILE COPY)

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EXHIBIT C: FILLED OUT SAMPLE OF STATE DPS FORM 10

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STATE OF HAWAII
NOTIFICATION OF TEMPORARY ASSIGNMENT

STATE DPS FORM 10 2-1-79 (REVISED)	1. EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	2. POSITION NUMBER	3. POSITION TITLE	4. WB OR IN & STEP	5. DEPARTMENT	6. DIV. NO.	7. DIVISION OF SCHOOL	8. DATE			
575-38-8099	JOHNSON, JOHN D.	18960	Groundskeeper	WB-10A	Education		Radford High	10-17-79			
PART I. FOR REPORTING OF THE PERSONNEL ACTION					PART II. FOR COMPUTING PAYMENT DUE						
9. DATE(S) OF TEMPORARY ASSIGNMENT	10. REASON FOR TEMPORARY ASSIGNMENT	11. POSITION TO WHICH TEMPORARY ASSIGNMENT IS MADE		12. TEMPORARY ASSIGNMENT PAY ADJUSTMENT		13. RATE OF PAY	14. ACTUAL HOURS WORKED			15. AMOUNT	
		NAME OF INCUMBENT	POSITION NUMBER	POSITION TITLE AND WAGE BOARD OR SALARY RANGE	WB OR IN STEP & HOURLY RATE OF PAY FROM		TO	REGULAR HOURS	OVERTIME HOURS		EXCESSIVE
10/16 - 17/79	LWOP due to emer-	BROWN, LAWRENCE W.	16086	Groundskeeper	WB-10A 3.42	WB-10A 3.42*	3.42			12	41.04
					*Employee John Johnson has the same rate of pay as Lawrence Brown. Johnson works less than 8 hours a day. He is assuming Lawrence's duties without exceeding 8 hours a day. Thus, he is only increasing the hours worked in a day.						
16. EMPLOYING DEPARTMENT				17. DEPARTMENT OF PERSONNEL SERVICES				18. TOTAL AMOUNT DUE		41.04	
I certify that the above named employee was assigned and assumed all or a major portion of the significant duties and responsibilities of the position(s) shown above and that the need for the services is immediate, essential and in the best interest of the public.				It is certified that the temporary assignment reported above has been made in accordance with the Hawaii Revised Statutes and with the personnel rules and regulations of the State of Hawaii.				19. UNIFORM ACCOUNTING CODE		20. COST CHARGES	
RECOMMENDED BY:				APPROVED:				APPROV. SUBDIV. OBJECT FUNC. L PROJ.			
SIGNATURE OF SUPERVISOR				BY OR FOR APPOINTING OFFICER				22G80001E6162000 2135 0 328		20.38	
				BY OR FOR DIRECTOR OF PERSONNEL SERVICES				22G80215E6162000 2125 0 410		20.66	

EMPLOYING AGENCY (EMPLOYEE'S COPY)

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