Version Date: 11/2025

## **CAREER MOBILITY AGREEMENT**

Career mobility assignments are covered in HR Policy 5-100: Pay and Employment Practices, and are intended to provide career development opportunities for County employees. Career mobility assignments provide employees with increased knowledge of County and other government operations, job skills necessary for advancement or greater competency in their current positions. If this is a Time-Limited employee, the career mobility cannot exceed the Time-Limited contract.

Please complete all the areas of the form below. All career mobility assignments must be submitted to the Director of Human Resources for review and approval prior to starting the assignment.

| Employee Name:   | EID:                         | Home Agency:                    |  |
|--|------------------------------|---------------------------------|--|
| Assignment Agency:   | Start Date:                  | End Date:                       |  |
| *Is this an extension?  If yes, please complete the section at the very bottom.  | om of this form.             |                                 |  |
| Hours for the assignment (full or part time):  |                              |                                 |  |
| Additional Pay to be received for the assignment (per pay period):   |                              |                                 |  |
| Can this amount be changed during the assig  | gnment? If yes, describe the | e reason the amount may change: |  |
| Provide a description of the career mobility assignment, to include the job classification for the assignment, the expected benefits to the employee and the agency which the employee is being assigned to (the assignment agency). |                              |                                 |  |
|  |                              |                                 |  |

Provide a statement of agreement as to the terms and conditions of the assignment, including conditions upon which the assignment can be terminated and whether the position will be encumbered at the end of assignment or return to regular employment.

| Provide the agreed-upon financial arrangements for funding this positio be funded by the home agency, or will the assignment agency fund the |                           |  |
|--|---------------------------|--|
| Any additional information deemed necessary.   |                           |  |
| Employee Signature:  |                           |  |
| Home Agency Supervisor:  |                           |  |
| Home Agency Director:  |                           |  |
| Assignment Agency Supervisor:  |                           |  |
| Assignment Agency Director:  |                           |  |
| Human Resources Director:  |                           |  |
|  |                           |  |
|  |                           |  |
| * If this is an extension and/or pay change, please provide the following  | g additional information: |  |
| New End Date:  |                           |  |
| Additional Pay Change (per pay period):  | Effective Date:           |  |
| Extension or Change of Pay Approved by Human Resources Director:   |                           |  |
|  |                           |  |
|  |                           |  |
|  |                           |  |
|  |                           |  |