

Temporary Job Assignment Conditions Summary

Date: [Insert Date]

To: [Employee Name]

From: [Supervisor/Manager Name]

Subject: Temporary Job Assignment Conditions

Overview

This letter serves to summarize the conditions regarding your temporary job assignment as [Job Title] effective from [Start Date] to [End Date].

Job Responsibilities

- Responsibility 1
- Responsibility 2
- Responsibility 3

Compensation

Your temporary assignment will be compensated at a rate of [Hourly/Salary Rate]. Payments will be processed [Bi-weekly/Monthly].

Work Schedule

Your expected work schedule will be [Days and Hours of Work].

Additional Conditions

Please note the following conditions applicable during your temporary assignment:

- Condition 1
- Condition 2
- Condition 3

Acceptance

By signing below, you acknowledge and accept the terms and conditions outlined above.

[Employee Name]

[Date]

[Supervisor/Manager Name]

[Date]