



DEPARTMENT OF XYZ
COVID-19 Temporary Reassignment Announcement

POSITION #00000 (if applicable)

WORKING TITLE:	Position Name - COVID-19 Temporary Reassignment #COVID19TR (include this hashtag to identify the position as a COVID-19 Temporary Reassignment) The XXXXX will be assigned to agencies/institutions throughout Virginia in support of COVID-19 operations and may be temporarily reassigned on an intermittent, part-time, or full-time schedule in support of the Commonwealth of Virginia continuity of operations.
ROLE TITLE	State Role Title (insert per role)
UNIT/LOCATION:	TBD
CLOSING DATE:	TBD

Duties Description:

In response to the COVID-19 public health emergency, the Department of _____ is seeking < # of temporary reassignees> to support agency efforts related to the public health emergency. These will be temporary assignments for state employees to support critical staffing gaps in Commonwealth of Virginia state government. <Insert Duties Description>

Minimum Qualification (s):

List the KSAs minimally required to do this job.

Preferred Qualification (s):

List the KSAs preferred to do this job.

Special Instructions to Applicants:

Also include the following information in an attachment:

Current Agency, Supervisor Name, Supervisor Phone Number, Supervisor Email Address, Supervisor Approval to participate in this program.

Current Performance Rating: Extraordinary Contributor Contributor Needs Improvement

Applicants may be subject to a background investigation depending on the type of position. The investigation may include: fingerprint checks (State Police, FBI); local agency checks; employment verification; verification of education (relevant to employment); credit checks; and other checks requested by the hiring authority.

Equal Opportunity Employer