



Acting Pay Request Form

Department HR Liaison: _____


Date: _____

Instructions:

1. The department is responsible for completing sections A, B, C, and D of this form and then submitting to Human Resources - Compensation at least two weeks prior to the start of the acting assignment.
2. Human Resources – Compensation will calculate the Acting Pay amount and then return to the Department's HR Liaison. The Department will review section F with the employee and obtain their signature in section G.
3. The Department will then return the signed form to Human Resources -Compensation and submit a Personnel Action (PA) in Munis for processing.

Important Notes:

- Acting Pay payment will be issued with the paycheck corresponding to the pay period that the acting assignment concludes.
- The PA effective date is the first day of the pay period that the listed paycheck date falls on.
- Acting pay calculations do not include weekends but do include holidays.
- If an extension is requested, a new Acting Pay Request form with extended dates and a new PA will both be required.

	Request for Acting Pay	
	Requesting Department:	
A. Request	Employee Name:	Employee #:
	Current Position:	
	Recommended Acting Title:	
B. Minimum Qualifications	Does the employee meet minimum qualifications for the acting position?	___yes ___no
C. Effective Period	NOTE: Acting assignments will end either on the indicated date below or upon the advertisement and/or filling of this position (whichever comes first), or if there's a determination that organizational needs have shifted.	
	This assignment will begin:	
	This acting assignment will end:	
D. Department Review		
I have verified all of the above information regarding this individual's qualifications. If applicable, I have conducted a credential verification check for this candidate. Based on the information provided by this candidate, this individual meets all of the requirements for the above referenced position and qualifies for the salary offered.		
Supervisor Signature:		Date:
Concurrence		
Manager Signature:		Date:
Director (or designee) Signature:		Date:
E. Human Resources Department/Compensation Review		
HRD Compensation Signature:		Date:
___ Request approved ___ Request denied	___ Initial Acting Pay ___ Extension of Acting Pay	

F. Employee Review

Change in Pay	At the end of the acting assignment, the employee will receive a one-time lump sum payment in the amount of:	
	NOTE: This amount is determined based upon current hourly rate of the incumbent and will not change with range movement or pay for performance adjustments. This lump sum will be removed when this temporary acting assignment ends.	
	Explanation of Pay:	

Effective Date:

Paycheck Date:

G. Employee Acceptance and Understanding of Acting Pay Terms

Employee's Signature:

Date: