

ACTING PAY/TEMPORARY APPOINTMENT FORM

Name of Employee: _____

Outlet: _____

Appointed to the Acting or Temporary Position of:

Period of Above: _____ to _____

Rate of Pay During Period: _____

Approved By: _____ Date: _____
(Manager)

I accept this acting or temporary position, or secondment assignment and understand my responsibilities during the above noted period. I understand that during this period there is no change to substantive employment status, nor does it provide me with any entitlement to the position in which I will be acting or temporarily appointed or assigned on a secondment.

I understand that if I am acting on 1 April, I will be eligible for any “economic (cost-of-living) adjustments” to my acting salary that are authorized however, I will not be eligible for an annual in-range increase to my acting salary.

Accepted By: _____ Date: _____
(Employee)

Distribution : Copy 1 – HR Office; Copy 2 – Manager; Copy 3 – Employee.
Oct 2010