

Acting Appointment Request

In addition to completing the below in its entirety, please submit a current CARF/job description for the acting position and the employee's current resume with your request. Refer to the following [UHR policies](#) and [union agreement](#) for guidance.

1. [Policy 60.4.7 - Acting Appointment](#) - Administrative and Managerial, Professional, Supervisory, Confidential (MPSC) Staff
2. [URA-AFT Negotiations Agreement](#) - Article 39 (V) - Salary Adjustments
3. [AFSCME Local 1761 \(COLT\) Agreement](#) - Article 24 -Acting Capacity

Employee's Current Information

Employee Name: _____ Employee ID #: _____
Job Title: _____ Department: _____
Grade/Range: _____ Supervisor: _____

Requestor's Information

Requestor's Name: _____ Job Title: _____
Phone Number: _____ Email Address: _____

Acting Appointment Details

Position Appointment Temporary Assignment

Acting Position Title: _____

Current Annual Salary: \$ _____ Requested New Salary Amount: \$ _____ Percentage Increase: _____ %

Acting Start Date: _____ Acting End Date: _____

The above-named employee will be temporarily appointed to perform the responsibilities in the vacant position which is/was held by:

Previous Incumbent's Name: _____

Job Title: _____ Grade/Range _____

Reason for the Acting Appointment:

Summary of Major Responsibilities to be Performed during Acting Appointment:

Request for _____

Account Charging Instructions (GL/RRC): _____

Signatures

This request should be submitted to University Human Resources with appropriate concurrent signatures. The requestor named on this form will receive a notification, with all attachments, when this request is completed.

Requestor

Name: _____

Signature: _____ Date: _____

Supervisor

Name: _____

Signature: _____ Date: _____

Department Budget Approver

Name: _____

Signature: _____ Date: _____

Chair/Department Head

Name: _____

Signature: _____ Date: _____

Employee in Acting Appointment

Name: _____

Signature: _____ Date: _____

Acknowledgement: If the requested personnel transaction is approved by all parties, this request will be submitted to UHR for assessment and processing, the employee will receive a copy for acknowledgement.

FOR INTERNAL UHR PURPOSES ONLY:

UHR Representative

Name: _____

Signature: _____ Date: _____

Current range/step _____ Biweekly pay _____

Adjusted range/step _____ Biweekly pay _____

Date processed _____ Follow-up date _____

UHR Notes: