

## 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.

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**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: