ACTING REQUEST FORM

IMPORTANT NOTE: **THIS REQUEST MUST BE COMPLETED BY A SUPERVISOR AND APPROVED BY THE POSITION REVIEW COMMITTEE PRIOR TO EMPLOYEE PERFORMING 'ACTING' DUTIES**

This **ACTING REQUEST FORM** is to be used when an employee will be working in a position where:
- There is an authorized FTE
- A position becomes vacant due to a termination, resignation, promotion or retirement
- **A supervisor has authorized the work to be completed**

PLEASE NOTE:
- For employees in Local 2250 or Local 400 acting pay is effective on the 11th day of working in the assignment
- For employees in ASASP Unit II and Unit III on the 11th day of work in the assignment, the employee is paid retroactive to Day 1.
- The employee may become permanent if selected through the competitive process. If the individual is not selected for the position, he/she returns to their former position (ASASP Unit II and Unit III states that employees automatically obtain the position permanently after serving in the position for 180 days).
- Short Term Assignments are approved for no more than 60 days. At the end of 60 days, a new request must be submitted.
- Long Term Assignments are approved for no more than 90 days. At the end of 90 days, a new request must be submitted.

Employee Name: _____   EIN: _____   Length of Time in Current Position: _____

Current Position: _____   Current Supervisor: _____   Current Location: _____

Proposed Start Date: _____   Proposed End Date: _____   Day 11 Begins: _____

Select One: ❑ Short Term Assignment   ❑ Long Term Assignment Requested

Provide reason long term assignment is requested:

_____

ACTING POSITION INFORMATION:

Position Number: _____   Position Name: _____   Position Grade: _____   Effective Date: _____

Employee Replacing (Employee Name): _____   Reason: _____

_____

APPROVAL:

Principal/Supervisor: _____   **Director/Instructional Director:** _____
<div align="center">Signature/Date   Signature/Date</div>

Associate Superintendent/Chief: _____   * **Position Control:** _____
<div align="center">Signature/Date   Signature/Date</div>

*Once complete and signed, form should to be forwarded to **Position.Control@pgcps.org** for review and final approval

_____

POSITION REVIEW COMMITTEE DECISION:

❑ **Approved** ❑ **Denied Date:** _____   **Notes:**_____

_____

PROCESSING:

HR Staffer: _____   **Date:** _____

Revised 03/17