

DEPARTMENT OF HUMAN RESOURCES MANAGEMENT  
RECRUITMENT & CLASSIFICATION DIVISION

DHRM Use Only  
Time/Date Stamp

AUTHORIZATION FORM FOR ACTING/OUT OF CLASS PAY  
(FOR PERIODS OF 30+ DAYS ONLY)

1. Agency/Department:	2. Division/Unit:
3. Employee Name:	4. Current classification title:
5. Acting classification title: _____	
6. What is the duration of the acting assignment? Start Date: _____ End Date: _____	
7. Is the employee currently receiving "Acting out of Class" pay? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, at what rate above their normal pay? <input type="checkbox"/> 6% <input type="checkbox"/> 7.5% <input type="checkbox"/> 10% <input type="checkbox"/> 12.5% b. If no, what is the department's proposed rate above their normal pay? <input type="checkbox"/> 6% <input type="checkbox"/> 7.5% <input type="checkbox"/> 10% <input type="checkbox"/> 12.5% c. How is the additional pay funded? _____	
8. Is the acting position a: a. <input type="checkbox"/> Temporary vacancy of filled position? <input type="checkbox"/> Budgeted vacancy? Anticipated period of vacancy Date: _____ thru Date: _____ b. What is the reason the position is vacant? _____ c. If there is no vacancy, why is the employee being assigned additional duties? _____ d. What is the department's long-term (more than 90 days) strategy for assigning the duties? <input type="checkbox"/> Add/Delete to create new position? <input type="checkbox"/> Request to add position in budget? <input type="checkbox"/> Temporary project or need? <input type="checkbox"/> Other? Describe: _____	
9. Please list the specific differences for the new duties in the acting assignment that are not part of the employee's regular duties: _____	
10. If the position in which the employee will be acting is a budgeted vacancy, what is the status of filling the position? Has a requisition been initiated? If not, why not? _____	
11. Will this assignment be rotated? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain? _____	

SUPERVISOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENCY/DEPARTMENT

DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

*Note: Please retain a copy for departmental records and forward the original, including all related documents, to: DHRM, Recruitment & Classification Division, 150 Frank H. Ogawa Plaza, 2<sup>nd</sup> Floor. If you have any questions, please contact your DHRM SPOC for assistance.*

APPROVED  NOT APPROVED

DIRECTOR, HUMAN RESOURCES SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CITY ADMINISTRATOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_