**Purpose:** *Acting Capacity* - For a unit/dept. to meet an urgent, immediate need when circumstances do not permit the immediate selection of a permanent appointment under established selection procedures. Allows a temporary status for an employee to be placed in a higher level regular position. *Administrative Increment* - A temporary salary adjustment based upon operational need or organizational necessity that is consistent with the knowledge, skill, and ability of the employee. Generally, there is an operational need, usually due to a vacancy or vacancies, and the employee is taking on additional duties but is not fulfilling the entire role of the vacated position(s) (only taking on a portion of duties). **Timeframe:** ***for a period of up to six (6) months***. **Eligibility:** Regular exempt and nonexempt positions; for acting, selected employee must meet the minimum qualifications of the higher level position.

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| **Today’s Date:** | Click here to enter a date. | **Check One:** | Original Request |[ ]  Request for Extension |[ ]
| **Acting Employee Name:** | Click here to enter employee name. | **UID:** Click here to enter UId. |
| **Department/College:** | Click here to enter department/college. |  |
| Current Position: | Position Number:  | Click here to enter position number. | Title: | Click here to enter title. | Pay Range/Band: | Click here  |
| Acting Position: | Position Number: | Click here to enter position number. | Title: | Click here to enter title. | Pay Range/Band: | Click here |
| Current Base Annual Salary (in PHR): | $ Click here to enter dollar amount. |
| **Acting/Administrative Increment Salary Addition Amount\*\***(this is an ***annualized*** amount, the actual amount is prorated based on acting capacity timeframe): | $ Click here to enter annualized dollar amount. |
| **New Total Salary**(this is an ***annualized*** amount, the actual amount is prorated based on acting capacity timeframe): | $ Click here to enter annualized dollar amount. |
| Justification | **1. Explain the need/basis for this request 2. Provide brief description of additional responsibilities being assumed, indicating whether this is an acting capacity or an administrative increment (use attachment if more space is required):** |
| Date Action will begin | Click here to enter a date. | Date Action will end | Click to add date. |
| Department Head Name | Click here to enter text. | Title | Click here to enter text. |
| Department Head Signature |  | Date: |
| Dean Signature |  | Date:  |