

**FILLING A POSITION TEMPORARILY
AUTHORIZATION FORM**



To: Municipal Administrator

From:

Date:

The following employee will be absent for _____ working days beginning _____ and ending _____.

Employee's Name _____

Position _____ **Grade** _____

The employee listed below will be temporarily filling the position for _____ working days effective the third working day of absence _____ and ending _____. I recommend that this individual receive additional pay while filling this higher graded position.

Employee's Name _____

Position _____ **Grade** _____

Calculations of pay differential = Step A of higher Grade \$ _____ minus Step A of lower Grade \$ _____ = \$ _____ divided by 2 = \$ _____ effective _____

Justification for request:

Department Head Signature/Date

Approved this _____ day of _____, 201_____.

Administrator's Signature/Date _____