



**FILLING A POSITION TEMPORARILY  
AUTHORIZATION FORM  
(Non-represented Employees)**

Proper authorization forms for employees represented by Unions are located on HR website.

To: **Municipal Administrator**

From:

Date:

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

<b>Employee's Name</b> _____	
<b>Position</b> _____	<b>Grade</b> _____

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

<b>Employee's Name</b> _____	
<b>Position</b> _____	<b>Grade</b> _____

<b>Calculations of pay differential = Step A of higher Grade \$ _____ minus Step A of lower Grade \$ _____ = \$ _____ divided by 2 = \$ _____ effective _____</b>
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\_\_\_\_\_  
Department Head Signature/Date

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Administrator's Signature/Date \_\_\_\_\_