



**IBEW FILLING A POSITION TEMPORARILY
AUTHORIZATION FORM**

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

Employee's Name _____

Position _____ **Wage:** _____

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

Employee's Name _____

Position _____

Justification for request:

Immediate Supervisor Signature

Per Article 13.8

“When an Employee is temporarily required to perform work in another higher classification for EIGHT (8) or more hours, the Employee shall be paid at the higher rate for all hours worked in the higher classification. Such assignment shall be designated in writing by the Employee’s immediate supervisor and submitted with the Employee’s timesheet to payroll.”