

COUNTY OF DANE

Acting Classification Approval Form

Must be submitted and approved prior to employee completing work being assigned. Employee must be assigned by management **to a position in a higher classification** to be eligible for acting class pay.

AGENCY:		PAYPERIOD NUMBER
EMPLOYEE NAME:	EMPLOYEE CURRENT POSITION:	IS HEREWITH ASSIGNED TO A HIGHER CLASSIFICATION (Position Assigned)
REASON FOR THE ASSIGNMENT:		

***Please attach both class specifications to form (can be found on Employee Relations page of the Dane County website). Please indicate on the classification to which the employee is to be assigned the duties they will be responsible for (i.e., Highlight/circle/underline)**

Range of Classification Assigned to: (i.e. F16, G13) _____ Step 2 of Range _____ Step 1 of Range — _____ Difference = _____ *	Employee's Current Rate of Pay: _____ * Difference _____ Calculation Step _____ Placement Step _____ (Placement Step = Step closest to but not below the calculation step and not above the range maximum.)	Placement Step _____ Current Pay Rate _____ ACP Rate _____
DATE ACP ASSIGNMENT WILL <u>BEGIN</u> :	DATE 40 HOURS WILL BE WORKED IN HIGHER POSTIIION:	DATE ACP ASSIGNMENT WILL <u>END</u> :

I certify that the employee named above will be assigned to a position in a higher classification for the period shown:

SUPERVISOR SIGNATURE:	PRINT NAME:	DATE
DEPARTMENT HEAD SIGNATURE:	PRINT NAME:	DATE
EMPLOYEE RELATIONS SIGNATURE:		DATE:
ACTING CLASS PAY APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, REASON FOR DENIAL: