



City and County of San Francisco

ACTING ASSIGNMENT PAY REQUEST FORM

I. EMPLOYEE INFORMATION

| | | | | | | | |
|---------------------------|-----------------------|---|---------|----------|---------------------------|-------|-------|
| Name of Employee Assigned | | Salary (for period of assignment) Bi-weekly Hourly \$ Step Salary Grade # | | | (Rate Change & eff. Date) | | |
| Employee ID Number | Employee Organization | | | | | | |
| Current Job Code/Title | | | | | | | |
| Current Funding Job Code | Pos. No. | Dept | Program | Sub Fund | Project | Grant | Other |

II. ASSIGNMENT INFORMATION (Position to which employee will be assigned)

| | | | | | | | |
|--|------------------------|---|---------------------|----------|---------------------------|-------|-------|
| IS THIS AN EXTENSION? <input type="checkbox"/> Yes | Explain: | Date Extension Begins | Date Extension Ends | | | | |
| Job Code/Title of Temporary Assignment | Date Assignment Begins | Adjusted Salary Bi-weekly Hourly \$ Step Salary Grade # | | | (Rate Change & eff. Date) | | |
| Vice Name Employee No. | Date Assignment Ends | | | | | | |
| Reason for Assignment | Eff. Date Acting Pay | | | | | | |
| Description of Duties: (DO NOT ATTACH JOB CLASS SPECIFICATION) | | | | | | | |
| FUNDING IDENTIFICATION <input type="checkbox"/> Budgeted <input type="checkbox"/> Non-Budgeted* | | Dept | Program | Sub Fund | Project | Grant | Other |
| *Explain | | | | | | | |

III. APPROVALS

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|---|------|
| Certifies Assignment meets conditions of applicable MOU provisions and validates description of duties statement. | |
| Signature of Appointing Officer or Designee | |
| Title | Date |

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|---|------|
| Certification of availability of funds Controller's Budget Office - Fund Accountant Approval | |
| Signature | |
| Title | Date |

DEPARTMENT: Retain copy of this form. It may be submitted to support claims of qualifying experience for DHR examinations.