



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			(Rate Change & eff. Date)
Social Security Number		Employee Organization/Union		Hourly \$			
Current Job Code/Title				Step			
				Salary Grade #			
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. APPROVAL

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

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