PROVINCIAL COUNCIL FORM 4-2

ACTING ALLOWANCE APPLICATION FORM

I certify that the following officer will be absent from duty for the dates indicated below and that it will be necessary for the post to continue to be filled during this absence. No officer of corresponding substantive rank is available for transfer to the position.

Name of absent officer: _____

Post Title: _____

Post No: (If Necessary) _____ **Salary/Level:** _____

Reason for Absence: _____

Date of absence from: _____ **to** _____

I recommend that the following officer, who is the most suitable officer, should be appointed to the above post on an acting basis for the period from:_____to_____
(This period must not exceed 6 months, except in the case of acting arrangements to cover the absence of an officer on sabbatical leave, secondment, and leave without pay or full time training program)

Name of Acting Officer: _____

Substantive Post Title: _____ **Post Number:**(If Necessary)_____

Salary/Level: _____ **Salary Level of Acting Officer:**_____

Minimum Incremental Point of Acting Post:_____
(The level of acting should be the minimum incremental point of the evaluated level of the acting post.
The Acting appointment is essential because _____

_____

_____

(Note : Acting appointments will only be approved where a clear priority need has been established and funding is available).

The Acting Officer will assume the duties and responsibilities of the post to the following extent (*tick one box only*):

In full (100%) About 75%

About 50% ☐ About 25% ☐

Is funding available to pay acting allowance: Yes ☐ No ☐ *(Please tick appropriate box)*

Head of Section/Unit: Name:_____ **Signature:**_____

Name of Section/Unit:_____ **Date:**_____

Approval is granted /withheld (Please circle decision) for the abovementioned officer to be appointed on an acting basis to the post detailed above and to receive, in addition to his/her substantive salary, an acting allowance on a per annum basis of VT._____

Secretary General - Name:_____ **Signature:**_____

President - Name:_____ **Signature:**_____

Name of Provincial Council:_____ **Date:**_____

Approval is granted /withheld (Please circle decision) for the above mentioned officer to be appointed on an acting basis to the post detailed above and to receive, in addition to his/her substantive salary, an acting allowance on a per annum basis of VT._____

NOTE: Approval is only required for acting arrangements proposed exceeds 20 days.

PROPOSED PERIOD OF EMPLOYMENT: FROM _____TO_____

NOTE: EMPLOYEE MUST NOT COMMENCE DUTY PRIOR TO OBTAINING THE APPROVAL OF THE PC

PROPOSED SALARY LEVEL: VT_____)

CERTIFICATION

I hereby certify that:

(1) The employment of this person is essential for the Provincial Council to maintain an adequate level of service delivery to our clients;

(2) Funds are available to cover the cost of salary for the full period of the proposed period of employment; and

SECRETARY GENERAL

Name of Secretary General: _____

Signature: _____

Name of Provincial Council: _____

Date: _____

PRESIDENT

I support the Secretary General's request.

Name of President: _____

Signature: _____

Name of Provincial Council: _____

Date: _____

Approved: **Yes** ☐ **No** ☐ (Place a cross in the appropriate box)

Advised of decision on:_____

Temporary Salaried Employee or Daily Rated Worker Job Offer Letter issued and a copy forwarded to the Applicant on:_____

OR

Signed Agreement of Service (for contract employee) forwarded to Provincial Council on: _____