FSCJ Florida State College at Jacksonville

Rev. 12/1/17

Acting Stipend Request

Employee Name: _____ EMPL ID: _____ Pos No: _____

Acting Title: _____ Campus: _____ Phone: _____

<u>Position Chart Field String:</u>

Fund	Org	Dept	Account	Project
____	_____	_____	_____	_____

Start Date: _____ End Date*: _____ Monthly Amt to be Paid: $_____

In the event a career position or an administrative/professional position becomes vacant and such position provides extensive services which cannot be assumed by existing staff, an administrator may request that the position be filled on an interim or acting basis. Any salary adjustment or stipend for current College employees shall be according to College policy. The supervising administrator shall recommend an individual to assume the vacant position duties in addition to their current position responsibilities subject to review by the CHRO. No single acting appointment shall exceed twelve (12) months. For additional information regarding acting stipends, refer to APM 03-0311.

* If no End Date is entered above, state the reason why under "Justification".

Justification for this Acting Stipend is as follows:

_____
_____
_____
_____

* * * NOTE: Acting Stipend will not begin until all signatures have been secured. * * *

I have read and agree to take on the additional responsibilities as outlined in the justification above.

_____   _____

Employee Signature   **Date**

I approve this employee taking on the additional responsibilities as outlined in the justification above.

_____   _____

Supervising Administrator Signature   **Date**

I approve this employee taking on the additional responsibilities as outlined in the justification above.

_____   _____

Vice President Signature   **Date**

I approve this employee taking on the additional responsibilities as outlined in the justification above.

_____   _____

Chief Human Resource Officer Signature   **Date**

I approve this employee taking on the additional responsibilities as outlined in the justification above.

_____   _____

College President Signature   **Date**