



LIMESTONE DISTRICT SCHOOL BOARD  
 TEMPORARY ASSIGNMENT - ACTING POSITION  
 PAY ADJUSTMENT FORM  
*For Permanent CUPE Employees ONLY*  
*(excluding Caretakers)*

Full Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Location: \_\_\_\_\_

Acting Position: \_\_\_\_\_ Replaced Employee: \_\_\_\_\_

Dates: \_\_\_\_\_  
 (yyyy/mm/dd)

Hours: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR PAYROLL USE ONLY** Pay Rate Adjustment: \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Approved: Supervisor/Manager/Principal

\_\_\_\_\_  
 Budget Account Code

\_\_\_\_\_  
 Pay Date