



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

FORM MUST BE DOWNLOADED

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