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

Revised September 2025