

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: _____ **Payroll No:** _____

Post Title: _____

Post Number: _____ **Post 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, leave without pay or full time training program)

Name of Acting Officer: _____

Substantive Post Title: _____ **Post Number:** _____

Level of Post: _____ **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. e.g. P13/15 = 13.1)

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)*

Manager:- Name: _____ **Signature:** _____

Name of Section: _____ **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. _____

Director - Name: _____ **Signature:** _____

Name of Department: _____ **Date:** _____

OR

Director-General - Name: _____ **Signature:** _____

Name of Ministry: _____ **Date:** _____

NOTE: Acting arrangements for all posts up to the maximum period of 6 months, other than Director-General and Directors positions, may be approved by either a Director General or Director. Acting arrangements to cover an officer (below Director level) on sabbatical leave, secondment, leave without pay or on a fulltime training course for a period in excess of six months may be approved by a Director-General, subject to the provisions specified in section 4.5 of Chapter 4 of this manual. Acting arrangements to cover a Director who has been approved to proceed on sabbatical leave, secondment, leave without pay or on a fulltime training course for a period in excess of six months must be submitted to the PSC for approval as specified in section 4.5 of Chapter 4 of this manual.

OR

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. _____

Decision taken at PSC meeting held on : _____

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

Public Service Commission **Date:** _____

NOTE: PSC approval is only required for Directors-General and Director posts, where the acting arrangements proposed exceeds 20 days.