



Standing Rock Sioux Tribe

ACTING ASSIGNMENT REQUEST FORM

I. Employee Information

Name of Employee Assigned _____	Title _____
Department/Program _____	Supervisor/Director _____
Current Wage _____	Current Account Number(s) _____

II. Assignment Information (Position to which the employee will be assigned)

Position of Assignment _____	Department/Program _____
Acting Increase _____	Effective Date _____
	Account Number(s) _____
Date Assignment Ends _____	_____
Reason for Assignment	
Will Position be advertised? Yes No If yes, When: If no, Why:	

III. Extension of Assignment

Are you extending the above stated employee in the same position?	Yes
Same rate of stated pay? Yes Same Account Numbers? Yes	
Date Extension Begins _____	Date Extension Ends _____

IV. Verification

Finance: Contract Representative	
Adequate Funding:	YES NO
Account Numbers Correct:	YES NO

Contract Rep Signature/Date	

Requesting Director	
By completing and signing this form you are hereby requesting the above employee to be placed in an "Acting Capacity". It is the responsibility of the Director to ensure that all the information listed above is current and accurate including the account numbers and rates of pay. This acting appointment maybe ended at any time at the discretion of the Director or extend by completing the above fields.	

Director Signature/Date	

**This form must be completed by the requesting Director only*

Date Returned to HR: