

**FILLING A POSITION TEMPORARILY  
AUTHORIZATION FORM**



**To: Municipal Administrator**

**From:**

**Date:**

The following employee will be absent for \_\_\_\_\_ working days beginning \_\_\_\_\_,  
and ending \_\_\_\_\_.

**Employee's Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Grade** \_\_\_\_\_

The employee listed below will be temporarily filling the position for \_\_\_\_\_ working days beginning  
\_\_\_\_\_ and ending \_\_\_\_\_. I recommend that this individual receive  
additional pay while filling this higher graded position.

**Employee's Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**Grade** \_\_\_\_\_

Justification for request:

**Department Head Signature/Date**

**Approved: Administrator's Signature/Date**