Good Spirit SCHOOL DIVISION

Form 450-1

OUT OF SCOPE SALARY ACTING PAY/ EXTENUATING CIRCUMSTANCE REQUEST
Attachments to this form should include an Employee job description

- Have you considered internal coverage?
- Will this additional responsibility be necessary for more than 20 days?
  Indicate start date: _____ Indicate end date: _____
- Is special certification necessary to complete the additional responsibilities? If so, does the employee possess it?

Employee Name	Describe Acting/Extenuating Circumstance
Department	

List of additional job responsibilities that fall outside of the employee's job description.

Estimated Cost of Extenuating Circumstance Pay
$_____monthly wage
$_____daily wage X _____ number of working days X 15% = _____
OR
_____ additional vacation days

Approval
Submitted by: .... Approved:
.... Supervisor .... Director of Education
Date: _____ Date: _____

Employee Approval

I have had a conversation about *AP 450: OOS Salaries* with my supervisor and would like my recognition in the form of:

- o Additional vacation days OR;
- o Additional pay

_____   _____
Signature   Date

For office use only

HR checklist
- o Supervisor approval
- o Employee choice of additional pay or holidays
- o Temporary contract amendment with additional extenuating circumstances provided to payroll if applicable

Payroll Checklist
- o Current daily rate of pay _____
- o Additional 15% _____
- o Total Number of Days _____
- o Total extenuating circumstance pay _____
  OR
  Total additional vacation days _____