



UNIVERSITY OF NORTHERN BRITISH COLUMBIA
ACTING or ADDITIONAL DUTIES PAY (ADP) REQUEST FORM

1. **Request for Acting or ADP** (*select one*): Acting Pay Additional Duties Pay Date: _____

Name of Employee to Receive Acting or ADP: _____ Employee # _____

Name of Employee being replaced: _____

Reason for Acting or ADP:

Start Date: _____ End Date (Required): _____

(Signature of Supervisor)

(Name of Supervisor)

Note: All completed ADP forms are to be sent to hr@unbc.ca for approval

2. **Approvals:**

Charge to: Fund: _____ Org: _____ Acct _____

Dean/Director: _____ Date: _____

Senior HR Partner: _____ Date: _____

Note: Approvals should be received prior to the employee being asked to perform the duties.

Acting Pay: The purpose of **Acting Pay** is to compensate an employee who has been asked to temporarily substitute in or **perform the principle duties** of a position in a higher salary grade (ie. the employee is not performing or only minimally performing their own duties).

Please refer to Article 27.05 of the UNBC CUPE Collective Agreement for language specific to CUPE employees, <https://www.unbc.ca/human-resources/collective-agreements>.

Additional Duties Pay: The purpose of **Additional Duties Pay** is to compensate an employee for undertaking, for a finite period of time, **significant additional responsibilities** which are **not normally a part** of the employee's workload (ie. the employee is performing their normal duties plus significant additional responsibilities during their regular work day).

For details, please refer to the ADP policy at www.unbc.ca/assets/policy/hr/additional_duties_pay.pdf. In particular, please note that if more than one employee is engaged to perform the additional duties, the ADP premium is split.

For HR/Payroll Use only:

Employee # _____ Position #: _____

_____ Grade: _____ Biweekly Salary: _____

_____ Grade: _____ Biweekly Salary: _____

Biweekly Acting Pay: _____

ADP: Biweekly Salary _____ x 6% or 12% = _____

Retroactive Pay: _____ x _____ pp = _____ Retroactive Start/End Date: _____