

Temporary Promotion

Department head may temporary promote regular employee in the department to occupy a position (Acting Assignment or Detail) for a period in excess of ninety (90) days. Use the Procedure checklist to ensure that you provide documents and information required for the Temporary Promotion action process.

TEMPORARY PROMOTION CHECK LIST

- Personnel Action – Type of Action is Temporary Promotion with NTE one (1) year(sample attached)
- Position Description of the position being temporary promoted to (signed by department head, supervisor and the applicant)
- Acknowledgment and Agreement form (signed by both supervisor and applicant)
- Copy of letter from department head to employee informing him/her of the temporary promotion and his/her agreement to the assignment
- Covering request letter/memo from the Department head addressed to Director of BPSS to justify for the temporary promotion

Take Notes:

- An "Acting" assignment is the designation, in writing, that an employee will act for a period of up to thirty (30) days in place of a supervisor. When the supervisor's absence exceeds the initial thirty (30) day period, a new designation shall be made for additional thirty (30) days. Whenever the "acting" assignment exceed ninety (90) days, the employee shall be temporarily promoted if he meets the qualifications standard of the position.
- A regular employee who is temporary promoted, shall be compensated at the step in the new pay level which is at least equal to an increase of two steps at his/her current pay level. The employee must be informed in advance and agree, in writing, that at the expiration of the temporary position, he/she will return to the former salary (grade/step) that he would be receiving had he remained in the former position.
- No temporary promotion shall exceed a period of one (1) year, nor shall any employee be temporary promoted to the same position consecutively.



**PERSONNEL ACTION FORM
GOVERNMENT OF THE REPUBLIC OF PALAU**

ROP-PERS-002

1. Name: (Last, First, Middle)	2. Birth Date:	3. Service Computation Date:	4. Employment Status:
5. Type of Action:	6. Authority:	7. Requested Effective Date: _____	
		8. Effective Date: _____	
9. From Code #		To Code #	
	Title Grade Level and Step Biweekly Official Base Salary Department Ministry Duty Station		
10. Requested By:		11. Social Security Number:	
1. Requesting Official: _____	Date: _____	12. Account Number: Non-Lapsing <input type="checkbox"/>	
2. Bureau Head: _____	Date: _____	Lapsing <input type="checkbox"/>	
3. Appropriate Management Official _____	Date: _____	13. Certification of Availability & Type of Funds: Director, Bureau of Budget & Planning _____ Date _____	

14. Remarks: _____

15. Approved By:

1. Director, Bureau of Public Service System _____	Date: _____
2. Minister of Finance _____	Date: _____
3. President, Republic of Palau _____	Date: _____

(As Appropriate)

16. Resignation (To be completed by employee)

I resign for the following reason(s): _____

The effective date of my resignation will be: _____

Signature

17. DISTRIBUTION: Original - Personnel Office; 2nd Copy - Payroll Section; 3rd Copy - Employee; 4th Copy - Department