

ACTING AGREEMENT

Checked	d by:	
Signatur	e:	
	Process	Declin
Reason De	clined:	

entered into between

Montego Pet Nutrition

(from now on referred to as "the Organisation")

and the following employee:

	dila	the following e	прюуее.				
Name & Surname:							
ID Number:			Employee Number:				
Designation:			Department:				
	(from now on re	eferred to as "th	ne Acting Emplo	yee")			
The Acting Employee ho	as volunteered to perforn	n acting duties	for the followin	g:			
Role of:			Department:				
Date(s) acting							
in the role: (From and To)							
					Total Days:		
	Motivation to be co	mpleted by the	e Manager / Su	pervisor	•		
		<u> </u>					
Motivation for Acting Requirement:							
Please ensur	e that all Claim Forms re	each Payroll by	17:00 on the d	ay before Pa	yroll's cut-off.		
As such, the Acting Emp	loyee undertakes the fol	lowina:					
	,	J					
	associated with the actir at this is a voluntary and t	•	ingement and t	nat no permo	anent appointment to the		
acting position is e	expected.		_				
Ensure that acting permanent job.	g in the said role does	not contribute	to a lower lev	el of output	or performance in their		
4. Acknowledge that	t an Acting Allowance sh						
5. Assume responsib	oility for the full range of a	duties of the vo	ıcant position in	which they	act.		
SIGNATURE: EMPLOYEE	SIGNATURE: EMPLOYEE			SIGNATURE: SUPERVISOR / MANAGER			
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