[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Notification of Acting Allowance and Temporary Pay Adjustment

Dear [Employee Name],

Due to the medical leave of [Absent Employee Name], I am pleased to formally appoint you to the acting role of [Acting Job Title] effective from [Start Date].

In recognition of the additional responsibilities you will be undertaking during this period, your compensation will be adjusted as follows:

- **Current Salary:** [Amount]
- **Acting Allowance:** [Amount/Percentage increase]
- **Total Temporary Salary:** [New Total Amount]

This pay adjustment is temporary and will remain in effect until [End Date] or until [Absent Employee Name] returns to their full duties. Upon the conclusion of this acting assignment, your salary will revert to your standard rate of [Original Salary].

All other terms and conditions of your employment remain unchanged. We appreciate your willingness to step into this role and support the team during this time.

Please sign below to acknowledge your acceptance of these temporary terms.

Sincerely,

[Manager Signature]
[Manager Name]
[Title]

Acknowledgment:

I accept the acting role and the associated pay adjustment as outlined above.

_____
[Employee Signature]

Date: _____