[Date]

[Employee Name]
[Employee ID]
[Current Department]

Subject: Notification of Acting Appointment and Pay Adjustment

Dear [Employee Name],

This letter confirms your temporary transfer to the role of [Acting Job Title] within the [New Department] department, effective [Start Date]. This assignment is expected to continue until [End Date or "further notice"].

In recognition of these additional responsibilities, your salary will be adjusted to include an acting allowance. During this period, your compensation will be as follows:

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

Upon the conclusion of this acting assignment, your salary will revert to your original base rate, and you will return to your substantive position as [Original Job Title], unless otherwise communicated in writing.

All other terms and conditions of your employment remain unchanged. Please sign below to acknowledge your acceptance of this temporary arrangement.

Sincerely,

[Manager Name]
[Title]
[Department Name]

Employee Acceptance:

I accept the terms of this acting appointment as outlined above.

Signature: _____ Date: _____