# ACTING CAPACITY AUTHORIZATION FORM

**University Human Resources**

**UNIVERSITY OF MARYLAND COLLEGE PARK**

**Date:** ____________  
**Check One:** Original Request [ ] or Request for Extension [ ]

<table>
<thead>
<tr>
<th>Name:</th>
<th>UID:</th>
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</thead>
<tbody>
<tr>
<td>Department:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Current Position: Position Num:</th>
<th>Title:</th>
<th>Pay Range/Band:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acting Position: Position Num:</td>
<td>Title:</td>
<td>Pay Range/Band:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Base Annual Salary:</th>
<th></th>
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<tbody>
<tr>
<td>Acting Salary Addition Amount:</td>
<td></td>
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<tr>
<td>New Total Salary:</td>
<td></td>
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</tbody>
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**Date Acting Capacity will begin:** ____________  **Date Acting Capacity will end:** ____________

<table>
<thead>
<tr>
<th>Department Head Name:</th>
<th>Title:</th>
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<tbody>
<tr>
<td>Department Head Signature:</td>
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</table>

Approved by Director of University Human Resources for a period not to exceed ______ work days.

**Director of Human Resources**  
**Date**

**To Process Acting Capacity in PHR:**
- Keep Employee on their current Position Number
- Create a Salary Addition for “Acting Increment”
- Enter the “Acting Position Number”
- Release for approval

Contact the PHR Service Center on x57575 or phrserv@umd.edu for assistance.

*To be submitted to the Director of University Human Resources **two weeks** prior to the date acting capacity compensation will begin.

*Revised 8/08*