

UNIVERSITY OF MARYLAND COLLEGE PARK
University Human Resources

ACTING CAPACITY AUTHORIZATION FORM

Date: _____ **Check One:** Original Request or Request for Extension

Name:	UID:
Department:	

<u>Current Position:</u> Position Num:	Title:	Pay Range/Band:
<u>Acting Position:</u> Position Num:	Title:	Pay Range/Band:

Current Base Annual Salary: _____
Acting Salary Addition Amount: _____
New <u>Total Salary</u> : _____

Date Acting Capacity will begin: _____ Date Acting Capacity will end: _____

Department Head Name: _____ Title: _____

Department Head Signature: _____

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