

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>	<u>Acting Position:</u>
Position Number:	Position Number:
Title:	Title:
Pay Range/Band:	Pay Range/Band:

Current Base Annual Salary: _____
Acting Salary Addition Amount: _____
New Total Salary: _____

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

Contact the PHR Service Center on x57575 or phrserv@umd.edu for instructions on how to process the Acting Capacity in PHR.

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