ACTING CAPACITY
AUTHORIZATION FORM

University of Maryland
CENTER FOR ENVIRONMENTAL SCIENCE

Date: _____

Check One: ☐ Original Request ☐ Request for Extension

UMCES site: ☐ AL ☐ CA ☐ CBL ☐ HPL ☐ RFO ☐ SG

Employee's SSN _____

Employee's Name_____

Current Classification _____ Title _____

Current Position Number _____ Pay Range _____

Current Salary _____

Acting Classification _____ Acting Title _____

Acting Position Number _____ Acting Pay Range _____

Acting Salary _____

Reason for designating employee to serve in Acting Capacity:

_____

_____

Start Date of Acting Capacity/Compensation _____

Anticipated End Date of Acting Capacity/Compensation _____

Approximate length of time the employee will be serving in Acting Capacity:

____ days

Lab Director/Director Signature: _____

Print/Type Name and Title: _____

Approved by the Director of Human Resources for a period not to exceed ___ work days.

_____ _____

Director of HR Date

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