



## Designation of Acting Capacity Form

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701



Human Resources

Form #003.F01  
July 2023

### PART I: Designation of Acting Capacity (to be completed by the Supervisor)

Please provide the details below for the employee who is being recommended to serve in an Acting Capacity.

Employee Name		Employee ID	
Department/Location		Current Salary Grade/Step	
Eff. Date of Acting Capacity		End Date of Acting Capacity	
Title of Acting Position		Grade of Acting Position	
Funds Available		Accounting Code	

### PART II: Reason for Acting Capacity (to be completed by the Supervisor)

Please identify the reason for the Acting Capacity.

☐ Temporary Absence of Incumbent      ☐ Vacant Position      ☐ Assignment of High Duties

### PART III: Designee Qualifications (to be completed by the Supervisor)

Does the employee meet the minimum requirement for the acting capacity classification? ☐ Yes ☐ No

If no, please explain and submit the employee's resume: \_\_\_\_\_

Has the employee previously been assigned an Acting Capacity status? ☐ Yes ☐ No

If yes, please provide Acting Capacity and dates served: \_\_\_\_\_

### PART IV: Approvals

\_\_\_\_\_  
Recommending Supervisor Signature & Date

\_\_\_\_\_  
Acting Employee Signature & Date

### PART V: HR Use & Processing

Personnel Office Action: ☐ Approved ☐ Not Approved

- ☐ Processed under collective bargaining agreement language
- ☐ Processed through a waiver request
- ☐ Processed through Senior Manager approval

\_\_\_\_\_  
Personnel Officer Signature & Date

\_\_\_\_\_  
Senior Manager Signature & Date

## **Purpose**

The purpose of this acting capacity designation is to recommend an employee to be placed into an “acting” position. The designation acting capacity is when an employee will serve in a temporary position of a higher classification due to the system/program needs of the absence of the incumbent.

## **Sections**

### **Part I: Designation of Acting Capacity**

- Purpose: To change the position of an existing employee temporarily to a high classification and to assure the temporary assignment adheres to the appropriate negotiated agreement.
- This section is required to be completed by the recommending supervisor.
- Enter the required details. Please note a start and end date are required for all acting designations.

### **Part II: Reason for Acting Capacity**

- Purpose: To assure the designation occurs only in emergency situations and that the designation of “acting” is for a limited specified time period.
- This section is required to be completed by the recommending supervisor.
- Select the appropriate checkbox based upon the request for the request:
  - o Temporary absence of the incumbent
    - May **not** exceed six (6) months. Approval beyond six (6) months must be requested in writing to the Senior Human Resources Manager ten (10) days before the expiration of the previously approved “acting” capacity.
  - o Vacant position
    - May **not** exceed two (2) months. Approval beyond two (2) months must be requested in writing to the Senior Human Resources Manager ten (10) days before the expiration of the previously approved “acting” capacity.
  - o Assignment of duties at a high pay level
    - May **not** exceed six (6) months. Approval beyond six (6) months must be requested in writing to the Senior Human Resources Manager ten (10) days before the expiration of the previously approved “acting” capacity.

### **Part III: Designee Qualification**

- Purpose: To ensure the “acting” employee possesses the minimum qualifications for the “acting” classification.
- This section is required to be completed by the recommending supervisor.

### **Part IV: Approvals**

- All forms must be signed by the recommending supervisor and acting employee.
- Completed forms should be submitted to [humanresources@fcps.org](mailto:humanresources@fcps.org)