



Clear Form

Acting Capacity Form Instructions

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



Human Resources

Form #003.F03
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 | |

****Please remember: acting capacity for a filled position still requires completion of a waiver request.**

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

Justification for Acting Capacity: _____

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

Approving Director & Date

Approving Executive Director & Date

PART V: HR Use & Processing

Personnel Office Action: Approved Not Approved

Personnel Officer Signature & Date

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

Senior Manager Signature & Date



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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.
- Acting Capacity requests for a filled position, where the current employee is on an approved leave status, still requires a waiver request in addition to the acting capacity request.

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:
 - 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.
 - 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.
 - 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.
- Recommending supervisor must submit the completed form to the Director of Operations for a maintenance or operational acting capacities, or their Director for all other classifications.
- The Director will review the need and if approved, submit to the appropriate Executive Director or Chief for final approval.
- Completed and approved forms should be submitted to the appropriate Personnel Officer of HR Manager for proceeding.