



# Acting Capacity Form Instructions

Human Resources

Clear Form

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

Form #003.F03  
April 2026

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

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

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 to an Acting Capacity Status?       Yes       No

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

## PART IV: Request for Approval

**Signatures do not mean Authorization.** No work may start without approval.

Recommending Supervisor Signature & Date:	
Acting Employee Signature & Date:	
Approving Director & Date:	
Approving Executive Director/Chief & Date:	

## PART V: HR Use & Processing

Approved       Not Approved      Personnel Office Signature & Date:

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

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.
- 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 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 forms should be submitted to the appropriate Personnel Officer or HR Manager for proceeding.