

MARYLAND JUDICIARY

Designation of Employee to Function in an Acting Capacity

Name of Employee Being Designated

Employee's PIN

Employee's Current Classification / Salary Grade

Start Date of Acting Assignment

Position Being Filled on an Acting Basis / Salary Grade

Compensation Effective Date (After 10th work day)

Name of Department / Section

Anticipated Length of Acting Assignment (End Date)

1. Reason for designating employee to work in an acting capacity:

a. Temporary absence of incumbent

Name of incumbent and reason for absence: _____

b. Vacant position

Name of former incumbent _____

Reasons unable to fill position: _____

c. Temporary assignment of higher duties

Comments: _____

2. Does employee meet minimum requirements for acting classification? Yes* No

3. Has employee previously been assigned acting capacity status? Yes No

If yes, what designation and when? _____

***Note:** An employment application may be needed for certain classifications.

Signature of Acting Capacity Employee / Date

Approved by Department Head / Date

Approved by Administrative Official / Date

Please return this form to:

Human Resources, Office of Classification, Salary Administration & HRIS, 580 Taylor Ave., A-1 , Annapolis, MD 21401
or via Fax 410.974.2849