



Human Resource Services

REQUEST TO WORK OUT OF CLASSIFICATION

PURPOSE: It is the intent of Education Code 88010 "to permit community college districts to temporarily work employees outside of their normal working duties but in so doing to require that some additional compensation be provided to the employee during such temporary assignment". Working out of classification is applicable "for any period of time which exceeds five working days within a 15-calendar-day period".

INSTRUCTIONS: This form is to be used by the employee's immediate supervisor to request the Out-of-Classification pay for the temporary assignment. Provide in detail, the scope of the additional duties/responsibilities and the projected times frame of the expanded duties.

Date of Request: _____ Request originated by: _____ extension _____

Employee's Name: _____ ID# _____

Current Job Title: _____ Current Grade/Step: ____/____

Job Title of expanded duties being performed _____ Grade _____

Name of employee temporarily being replaced (if applicable) _____

Out-of-Classification duties will begin on _____ and will end on _____

Percentage of time the employee will be working Out-of-Classification _____%

Recommended percentage increase _____% (the employee will receive a minimum 5% increase or move to the first step of the higher level classification whichever is greater. Any recommendation above this requires Superintendent/President advanced approval)

Clearly list the expanded duties which are being added to the employee's current role (use additional pages if necessary):

Provide justification of why the expanded duties are necessary (use additional pages if necessary):

Salary Account(s) and distribution DURING Out of Classification:					
Code	Account	Department	Program	Project/Grant	%

ACKNOWLEDGEMENTS: My signature confirms my understanding of the Out-of-Classification pay and agreement of the temporary assignment, the Out-of-Classification pay may be discontinued at any time if in the best interest of the college.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

APPROVED:

Dean/Director Date

Executive Administrator Date

Human Resource Services Date

HUMAN RESOURCES USE ONLY

Regular Classification Pay Group: _____

Out of Classification Pay Group: _____

Grade and Step of OFC ____ / ____

Increase % _____

Employee's Current Monthly Salary: _____

Employee's OFC Monthly Salary: _____

Additional OFC Compensation: _____