



**Human Resource Services**  
**REQUEST TO WORK OUT-OF-CLASSIFICATION**  
**Advanced Approval Required**

*In accordance with E.C. 88010, it is requested that appropriate salary adjustment be made for the following employee:*

Name of Employee: _____	ID#: _____
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Regular Classification of Employee: \_\_\_\_\_ Job Title \_\_\_\_\_

**Salary Account Chart Fields**

Grade:		Code (Letter)	Account (6 digits)	Department (6 digits)	Program (5 digits)	Project/Grant (7 digits)	%
Step:							

Classification of Work to be Performed: \_\_\_\_\_ Job Title \_\_\_\_\_

% Employee will be working Out-of-Classification

**Recommended: Salary Account Chart Fields**

Grade:		Code (Letter)	Account (6 digits)	Department (6 digits)	Program (5 digits)	Project/Grant (7 digits)	%
Step:							

Name of Employee to be Replaced: \_\_\_\_\_

***Working out of classification is applicable "for any period of time which exceeds five working days within a 15-calendar-day period." (E.C. 88010)***

Justification for this Request: \_\_\_\_\_

Starting Date: _____	Ending Date: _____
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Request Originated By: \_\_\_\_\_

**Advance Approval Required**

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
	<b>Chair/Director</b> <span style="float: right;"><b>Date</b></span>

Reason, if denied: \_\_\_\_\_

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
	<b>Dean</b> <span style="float: right;"><b>Date</b></span>

Reason, if denied: \_\_\_\_\_

Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____
	<b>Vice President</b> <span style="float: right;"><b>Date</b></span>

Reason, if denied: \_\_\_\_\_

Original - Human Resource Services / Copy - Payroll, Employee, Department