



Human Resource Services

OUT OF CLASSIFICATION REQUEST FOR EXPANDED DUTIES

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 increased duty assignment.

Out-of-Classification Information

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

Employee's Name: _____ ID# _____

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

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

Human Resource Services will work with the supervisor to determine the percentage of increase based on the additional duties being assigned (the employee will receive a minimum 5% increase)

Provide the following information:

- 1) Are the duties being assigned part of a vacant position? yes no
If yes, please indicate the position title _____ and position number _____
- 2) Are the duties that are being performed included in the position description questionnaire as part of the Classified Reclassification Study? yes no
- 3) What is the duration of the duties, will it be ongoing or for a particular duration (ex: project or temporary vacancy)?
- 4) Provide justification of why the expanded duties are necessary.
- 5) Attach the job description circling the duties being performed or list expanded duties in an attached document.
- 6) Indicate the account the out of classification compensation should be paid from below.

Salary Account(s) to be used for the additional compensation for the Out of Classification:

Code	Account	Department	Program	Project/Grant	%

Approval Signatures

Supervisor Signature Date

Dean/Director Date

Executive Administrator Date

Human Resource Services Date

HUMAN RESOURCES USE ONLY

Regular Classification Pay Group: _____

Out of Classification Pay Group: _____

Begin date of O/C assignment: _____

Grade/Step of OFC ____/____ Increase % _____

Employee's Current Monthly Salary: _____

Employee's OFC Monthly Salary: _____

Total Additional Compensation: _____

Original: Human Resource Services
Copy: Payroll, Budget, Employee, Department