

WORKING OUT OF CLASSIFICATION FORM

EMPLOYEE NAME _____ CWID _____
POSITION #: _____ DIVISION _____ DEPT _____
CAMPUS _____ CURRENT CLASSIFICATION _____ LEVEL _____
BASIS FOR OUT OF CLASSIFICATION REQUEST: _____

To qualify for working out of class pay an employee must temporarily work in a position at a higher salary range for more than 5 working days in any 15-calendar day period. Please check which criteria applies to your request:

_____ Employee will temporarily assume all the duties and responsibilities of a higher classification when a position in that classification is temporarily vacant.

HIGHER CLASSIFICATION TO BE ASSUMED: _____
(please attach appropriate job description)

START DATE: _____ END DATE: _____

OR

_____ Employee will temporarily be assigned a sufficient number of higher-level duties to clearly justify the conclusion that the employee is performing within a higher classification.

DESCRIBE HIGHER LEVEL DUTIES TO BE PERFORMED: _____

Percent of time employee will be performing higher-level duties on a daily basis _____

START DATE: _____ END DATE: _____

Please provide the current and proposed information

	FROM	TO
Percent of Contract	_____	_____
Classification Level	_____	_____
Account Code	_____	_____

_____ Employee Signature	_____ Extension	_____ Date
_____ Supervising Administrator Signature	_____ Extension	_____ Date
_____ Campus Administrator Signature	_____ Extension	_____ Date
_____ Human Resource Signature	_____ Extension	_____ Date