



OUT OF CLASSIFICATION REQUEST

Prior to a classified employee(s) gaining authorization to work out-of-classification, this request must be approved by the Superintendent/President or designee. The Office of Human Resources will notify the requestor and the employee of outcomes, including proper salary placement in adherence to the terms of the current CSEA collective bargaining agreement.

Section 1: To be completed by the Requesting Supervisor

Date of Request: _____ Request Originated By: _____

Employee's Name: _____

Current Job Title: _____

Out-of-Class Job Title: _____

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

Out-of-Class Schedule: Monday _____, Tuesday: _____, Wednesday: _____

Thursday: _____, Friday: _____

Are the Duties being assigned part of a vacant position? Yes No

If yes, please indicate the position title _____ and person who vacated _____
If no, provide justification of why the expanded duties are necessary:

Indicate the account the out of classification compensation should be paid from below.

Budget Account(s) to be used for the additional compensation for the Out of Classification:	
Budget Code	%

Classified Out-of-Class Object Code: 2195

Immediate Supervisor: _____ Date: _____

Budget Analyst Review: _____ Date: _____

Section 2: To be completed by Human Resources

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 7.5% increase when applicable)

Current Grade/Step: _____ / _____ Current Monthly Salary: _____

Out-of-Class Grade/Step: _____ / _____ Out-of-Class Monthly Salary: _____

Human Resources Review: _____ Date: _____

