

OUT-OF-CLASS PAYMENT REQUEST

The following employee has been assigned duties of a position in higher classification than the employee's own position.

NAME _____

Regular class title _____

Person being replaced _____

Higher class title _____

Reason replacement is necessary _____

Expected duration _____

<u>Dates Worked Out-of-Class</u>	<u>Regular Hours Worked</u>	<u>Overtime Hours Worked</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor's Signature _____

Date _____

HUMAN RESOURCES USE ONLY

Quarter _____

Perner # _____ Out-of-Class Start Date _____

Higher class code _____ Approval _____ Date _____

Higher class rate of pay _____ Out-of-Class End Date _____
or percentage

Date Sent to Payroll _____ Approval _____ Date _____

Do not submit request until employee has worked out-of-class 5 full days in a quarter. Once the 5-day requirement is met, submit request biweekly by the end of the pay period, close of business Friday. Submit this request to the Personnel Services Unit of the Office of Human Resources, Room 105, Dilworth Building, Out-of-class payment will be included in the biweekly paycheck and therefore must be requested by this deadline.