OUT-OF-CLASS PAYMENT REQUEST

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

NAME _____________________________ Reg Class Title _____________________________

Person being replaced: _____________________________

Higher Class Title: _____________________________

Reason for replacement:

Description of duties to be performed: (If BLANK, Form will be returned)

Expected duration

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<tr>
<th>Dates Worked Out-of-Class</th>
<th>Regular Hours Worked</th>
<th>Overtime Hours Worked</th>
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Supervisor’s Signature ______________________ PRINT ______________________ Date ____________

*PLEASE NOTE: Human Resources must review and determine if work referenced above qualifies as Higher Class work and is “eligible” for Out-of-Class pay.

HUMAN RESOURCES USE ONLY

Quarter ______

Perner #____________________________ Out-of-Class Start Date ____________________________

Higher class code___________________ Approval __________________________ Date _______

Higher class rate of pay or % _______ Out-of-Class End Date _____________________________

Date Sent to Budget___________________

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 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.

S:\hrm\Forms-General Office Forms\out-of-class pay-revised-1219.doc