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 perfe	ormed: (If BLANK, Form will be r	returned)
Expected duration		
<u>Dates Worked Out-of-Class</u>	Regular Hours Worked	Overtime Hours Worked
Supervisor's Signature	PRINT	 Date
*PLEASE NOTE: Human Resou	rces must review and determine i	if work referenced above qualifies
Higher Class w	ork and is " <i>eligible</i> " for Out-of-C	lass pay.
	HUMAN RESOURCES USE ONLY	
Dornor #	Out of Class Start Data	Quarter
	Out-of-Class Start Date	
	Approval	
	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.