## FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT Office of Human Resources and Equal Opportunity

## **WORKING OUT OF CLASSIFICATION FORM**

EMPLOYEE NAME		SSN		
POSITION #	DIVISION		D	EPT
CAMPUS	CURRENT CLASSIFICATI	ON		LEVEL
BASIS FOR OUT OF O	CLASSIFICATION REQUEST:			
more than 5 working da Employee will	out of class pay an employee mu ays in any 15-calendar day perio temporarily assume all the dutie ation is temporarily vacant.	d. Please check whi	ch criteria ap	plies to your request:
	• •			
HIGHER CLASSIFICA	ATION TO BE ASSUMED:	(please	attach approj	priate job description)
START DATE	_ END DATE			
		OR		
Percent of time employe	LEVEL DUTIES TO BE PERFO	el duties on a daily b	oasis	
START DATE	Di			
	Please provide the curi			
	D 4 6 C 4 4	FROM	ТО	
	Percent of Contract			
	Classification Level			
	Account Code		<del>-</del>	
Employee's Signature		Extension		Date
Supervising Administra	ntor's Signature	Extension		Date
Campus Administrative	e Signature	Extension	_	Date
Human Resources Sign	ature			<del>Date</del>