

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

WORKING OUT OF CLASSIFICATION FORM

EMPLOYEE NAME _____ EMP ID _____

POSITION # _____ DIVISION _____ DEPT _____

CAMPUS _____ CURRENT CLASSIFICATION _____ LEVEL _____

BASIS FOR OUT OF CLASSIFICATION REQUEST: _____

To qualify for working out of class pay an employee must temporarily work in a position at a higher salary range for more than 5 working days in any 15-calendar day period. Please check which criteria applies to your request:

_____ Employee will temporarily assume all the duties and responsibilities of a higher classification when a position in that classification is temporarily vacant.

HIGHER CLASSIFICATION TO BE ASSUMED: _____
(please attach appropriate job description)

START DATE _____ END DATE _____

OR

_____ Employee will temporarily be assigned a sufficient number of higher level duties to clearly justify the conclusion that the employee is performing within a higher classification.

DESCRIBE HIGHER LEVEL DUTIES TO BE PERFORMED: _____

Percent of time employee will be performing higher level duties on a daily basis _____

START DATE _____ END DATE _____

Please provide the current and proposed information

	FROM	TO
Percent of Contract	_____	_____
Classification Level	_____	_____
Account Code	_____	_____

_____ Employee's Signature	_____ Extension	_____ Date
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_____ Supervising Administrator's Signature	_____ Extension	_____ Date
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_____ Campus Administrative Signature	_____ Extension	_____ Date
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_____ Human Resources Signature		_____ Date
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