## Appendix K



## **Out-of-Classification Request (CSEA)**

**Human Resources & Equal Employment Opportunity** 

**PURPOSE:** It is the intent of Education Code 88010 "to permit community college districts to temporarily work employees outside of their normal working duties but in doing so to require that some additional compensation be provided to the employee during such temporary assignment." Working out of classification (W.O.C.) is applicable "for any period of time which exceeds five working days within a 15-calendar-day period."

**INSTRUCTIONS:** This form is to be used by the employee's immediate supervisor to request the Out-of-Classification pay for the temporary increased duty assignment. Upon approval of this request by HR a "Notice of Personnel Action" form reflecting the out-of-class authorization must be completed and signed by both the employee and their supervisor and submitted to the Human Resources Office for the salary to be adjusted.

OUT-OF-CLASSIFICATIO	N INFORMATION (this sec	ion to be completed by originating departmer	nt)
Date of Request:	Request Originated by: _	Job Title:	
Employee Name:		ID#	
Current Job Title:		Current Salary Step/Ra	ange:
Effective from:	to	Out-of-class Salary Step/Ra	ange:
	k with the supervisor to dete igned and the collective barg	rmine the percentage of salary increase based or aining agreement.	n the
PROVIDE THE FOLLOWI	NG INFORMATION:		
If yes, please indic	duties assigned part of a vac ate the vacant position title: n of why the expanded dutie		
Per article 10, Section 6 of classification for than 30 world of this assignment.	the collective bargaining ago	ng performed or list expanded duties in an attach eement. If an employee is required to work-out-o	f-
APPROVAL SIGNATURE	S		
Employee	Date	Dean/Director	Date
Human Resources	 Date	CSEA President/Designee	Date

\*CSEA signature required if assignment extends over 30 days.