

LOS RIOS COMMUNITY COLLEGE DISTRICT

Employee Request for Out of Classification Pay

This form is to be used when a classified employee requests out of classification pay. A fully executed copy of this form shall be responded to by the immediate supervisor/administrator within ten working days of receipt of this form. An employee required to work out of his/her classification (i.e., perform duties and assume responsibilities in a classification above or different from those in the job description for the employee's regular job classification) for more than five working days within a fifteen calendar day period shall be paid an increased salary for the entire period of out of classification work. Please refer to your collective bargaining contract for additional information.

This section to be completed by employee

Employee Work Location: _____

Name: _____ Employee ID: _____
(last) (first) (M.I.)

Position title for which temporary Out-of-Classification pay is requested: _____

Reason Out-of-Classification pay is being requested (attach additional information if needed):

Effective Dates Requested: From: _____ To: _____

Signed: _____
(Employee) (Date)

1. Upon signing, submit this form to your immediate supervisor/administrator and retain a copy for your record.

This section to be completed by Immediate Supervisor/Administrator

Recommended: **Yes** **No** Date Received by Supervisor/Administrator: _____

Recommended Classification #: _____ Title: _____

Replacement for (if applicable): _____

Effective Dates Recommended: From: _____ To: _____

Signed: _____
Immediate Supervisor/Administrator Date

2. A copy of this form shall be forwarded by the Supervisor/Administrator to the VP Administration or DO/FM Administrative Officer, Human Resources and the Bargaining Unit when the employee submits the request to the immediate supervisor/administrator for approval.

This section to be completed by Vice President of Administration or DO/FM Administrator

Approved: **Yes** **No**

If not approved, Reason: _____

Effective Dates Approved: From: _____ To: _____

Budget # _____
Account Fund Department Code Program Proj/Grant

Signed: _____
Vice President of Administration or DO/FM Administrative Officer Date

3. A fully executed copy of this form shall be forwarded by the VP of Administration or DO/FM Administrator to the immediate supervisor/administrator, who will forward a copy to Employee, Bargaining Unit and Human Resources. If approved, prepare P103A and submit to Human Resources.