

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**

**WORKING OUT OF CLASSIFICATION FORM**

EMPLOYEE NAME \_\_\_\_\_ CWID \_\_\_\_\_

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

\_\_\_\_\_  
Supervising Administrator's Signature Extension Date

\_\_\_\_\_  
Campus Administrative Signature Extension Date

\_\_\_\_\_  
Human Resources Signature Date