

WORKING OUT OF CLASSIFICATION AUTHORIZATION

NOTE: If an employee works out of classification for more than one absent employee, a separate form must be completed for each absent employee for whom the reported employee is working out of classification. A separate Working Out Of Classification Authorization must be submitted for each month.

	EMPLOYEE'S CURRENT POSITION	ABSENT EMPLOYEE'S POSITION
NAME		
JOB TITLE		
LOCATION		
HOURS PER DAY		

MONTH BEING REPORTED _____, _____

LIST THE NUMBER OF HOURS WORKED OUT OF CLASS FOR EACH DAY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

WILL THIS ASSIGNMENT CONTINUE INTO THE NEXT MONTH? YES NO

AUTHORIZATIONS/APPROVALS		
	SIGNATURES	DATE SIGNED
SUBMITTED BY SUPERVISOR		
APPROVED BY DIRECTOR/PRINCIPAL		
APPROVED BY DIVISION ADMINISTRATOR		

THIS FORM MUST BE IN THE CLASSIFIED HUMAN RESOURCES OFFICE BY THE 5TH OF THE MONTH

FOR CLASSIFIED HUMAN RESOURCES OFFICE USE ONLY		
RATE OF PAY	CURRENT: \$ _____ [] HOUR [] MONTH	OUT OF CLASS: \$ _____ [] HOUR [] MONTH
	SCHED: ____ - ____ - ____	SCHED: ____ - ____ - ____
PAYROLL	COPY []	ACCOUNT #
SIGNATURES	PREPARED BY _____ PC AGENDA DATE: _____	APPROVED BY DIR., CLASSIFIED HR. _____