



**HARTNELL COLLEGE**

# 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-CLASSIFICATION INFORMATION (this section to be completed by originating department)**

Date of Request: \_\_\_\_\_ Request Originated by: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_  
Current Job Title: \_\_\_\_\_ Current Salary Step/Range: \_\_\_\_\_  
Effective from: \_\_\_\_\_ to \_\_\_\_\_

*Human Resources will work with the supervisor to determine the percentage of salary increase based on the additional duties being assigned and the collective bargaining agreement.*

**PROVIDE THE FOLLOWING INFORMATION:**

1. Are the additional duties assigned part of a vacancy?  YES  NO  
If yes, please indicate the vacant position title: \_\_\_\_\_
2. Provide justification of why the expanded duties are necessary.
3. Attach the job description circling the duties being performed or list expanded duties in an attached document.

*Per article 10, Section 6 of the collective bargaining agreement. If an employee is required to work-out-of-classification for than 30 working days, the District and CSEA shall meet and confer regarding the impacts and effects of this assignment.*

**APPROVAL SIGNATURES**

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Dean/Director Date

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

\_\_\_\_\_  
CSEA President/Designee Date  
*\*CSEA approval signature required if assignment extends over 30 days.*