

OUT-OF-CLASS PAYROLL FORM

TO: PAYROLL SERVICES

PERMANENT POSITION: _____

PERMANENT SITE/LOCATION: _____

_____ WORKED OUT OF CLASS AS A
(Print Employee Name)

_____ (Out of Class Position & Site/Location)

FROM _____ TO _____
(Start Date) (End Date)

ACCORDING TO THE PERSONNEL COMMISSION RULES AND REGULATIONS, CHAPTER 3, SECTION 2 – GENERAL CLASSIFICATION RULES (3.14) THE EMPLOYEE HAS WORKED MORE THAN FIVE (5) CONSECUTIVE WORKING DAYS AND IS ELIGIBLE FOR OUT OF CLASS PAY.

YOU MUST SUBMIT ONE FORM FOR EACH PAYROLL PERIOD WORKED.

NOTE: OUT OF CLASS WILL NOT BE PROCESSED IF THE REQUIRED FORM IS NOT SIGNED BY THE SUPERVISOR AND DOES NOT ACCOMPANY YOUR TIME CARD OR TIME SHEET.

SUPERVISOR'S SIGNATURE

DATE

For Payroll use only.

Clerk Initials: _____ ***Date Received:*** _____ ***Out of Class Rate:*** \$ _____