



Out Of Class Pay Form



Name of Supervisor requesting Out of Class Pay _____

Full Name of Employee _____

Full Name of Employee Replaced _____

Date Coverage began. _____

Date Coverage will end (can use TBD if unsure) _____

Reason for Replacement: Vacancy Leave of Absence

** Reason for replacement can only be vacancy or leave of absence. Sick time does not qualify for out of class pay. **