

LAKE ELSINORE UNIFIED SCHOOL DISTRICT

CLASSIFIED OUT OF CLASS REQUEST FORM

The Collective Bargaining Agreement with CSEA Chapter 598 and Education Code Section 45110 specify that salaries shall be adjust upward when classified employees are required to perform duties inconsistent with their assigned position.

Employee Information

Employee Name: _____ Site: _____

Present Classification: _____

Employee requests to work for: _____ Start Date: _____

Higher Classification: _____

(for which duties were assumed)

Justification: Please provide a brief detail of the circumstances that led to this request and description of duties that are to be performed. Please attach an additional sheet if necessary:

THIS FORM MUST BE SUBMITTED TO YOUR IMMEDIATE SUPERVISOR

.....

Date Received by Immediate Supervisor: _____

Date Meeting Held with Employee: _____ (Must be held within five (5) days of receipt)

Date Written of Written Response: _____ (Must be within (5) days of meeting)

Out of Class Approved _____

Out of Class Denied _____

***If out of class is approved, the supervisor shall initiate a Personnel Action Request
and attach this Out of Class Request Form***

Days Employee Worked Out of Classification

Total Days Out of Classification	Start Date	End Date	# of Days
Budget Account String			

Distribution: Employee Employee Representative Payroll