Out-of-Class Authorization

On the following indicated day(s), _____ worked out of class in a position
Employee Name

for _____ at _____.
Out-of-Class Position Site

One form must be submitted *per calendar month* worked in the out of class position. Please indicate the date(s) and total hours worked in the appropriate box(es) below:

Calendar Month: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:

Total Out-of-Class Hours to be paid on the next available Payroll cycle: _____

_____ _____
Employee Signature Date

_____ _____
Authorizing Administrator Signature Date

Payroll Calculation:

(_____ @ $_____) - (_____ @ $_____) = $ _____ **x** _____ **= $**_____
Lead Range/Step Rate Norm. Range/Step Rate OOC Rate Total Hours Total Pay

CBA Article 17.7
Whenever a unit member is temporarily required to perform duties inconsistent with, and in a class higher than those of their regular position, their salary shall be adjusted upward to their current step in the actual salary range of the higher classification.