



OFFICE OF HUMAN RESOURCES

OUT-OF-CLASS PAY REQUEST

Name: _____ **Colleague ID:** _____

Duration of "Out of Class" Position Dates: From: _____ **To:** _____

Current Position: _____

Out-of-Class Position: _____

Out-of-Class Job Duties: _____

Budget code: _____

Percentage of Out-of-Class time: _____

Job duties in current classification that were delayed: _____

REVIEWED BY:

Supervisor: _____ **Date:** _____

Vice President/President/Chancellor: _____ **Date:** _____

APPROVED BY:

Chief Human Resources Officer: _____ **Date:** _____

DO NOT WRITE IN THIS AREA - OFFICE OF HUMAN RESOURCES USE ONLY:

Out of Class Pay Range: _____ **Employee's Salary Step:** _____ **Out of Class Pay Salary:** _____

Current Pay Range: _____ **Current Salary:** _____

STPS Set Up: _____ **Stipend Amount:** _____