



Solano Community College District

Employee Request Authorization for Out of Classification Pay/Temporary Reclassification

To be completed by Employee

Work Location: Fairfield Vacaville Vallejo Other _____

Name: _____ **SCC ID #** _____
(Last, First, MI)

Temporary Classification Job Title Requested: _____

Reason for Out of Classification Pay/Temporary Reclassification Requested:

Effective Dates Requested: Start _____ End _____

Employee Signature: _____ **Date:** _____

To be completed by Immediate Supervisor/Administrator

Recommend: Yes No

Recommended Classification Range: _____ **Title:** _____

Replacement for (if applicable): _____

Budget Code: _____

Effective Dates Requested: Start _____ End _____
(if different from above)

Supervisor Signature: _____ **Date:** _____

To be completed by Human Resources

Approved: Yes No **If not approved, indicate reason:** _____

Position #: _____ **Current Range/Step:** _____ **New Range/Step:** _____

Approved Effective Dates: Start _____ End _____

Manager/VP Signature: _____ **Date:** _____

A fully executed copy of this form shall be forwarded to the employee, bargaining unit, and immediate supervisor of the employee. If approved, the form is to be forwarded to Fiscal for payroll processing.

This form is to be used when an employee requests out of classification pay. The request shall be responded to by the immediate supervisor/administrator within ten (10) working days of receipt of this form. An employee required to work out of his/her classification (i.e., perform duties and assume responsibilities in a classification above or different from those in the job description for the employee's regular job classification) for more than five working days within a fifteen (15) calendar day period shall be paid an increased salary for the entire period of out of classification work. Always read your contract.