



OUT-OF-CLASS PAY REQUEST

Name: _____

Duration of "Out of Class" Position:

FROM: _____ TO: _____

Current Position: _____

Out-of-Class Position: _____

Out-of-Class Job Duties: _____

Percentage of Out-of-Class time: _____

Job duties in current classification that were delayed: _____

REVIEWED BY:

Supervisor: _____ Date: _____

President: _____ Date: _____

APPROVED BY:

Director, Personnel Services _____ Date: _____

DO NOT WRITE IN THE THIS AREA--PERSONNEL 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 _____