



OUT OF CLASS PAY REQUEST

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|---|---|
| Employee Name: | Job Title: |
| Supervisor Name: | Job Title: |
| Reason for Out of Class Pay Request: | Projected # of Hours: |
| Date(s) Performing Out of Class Duties: | Job Title of Duties Employee is Performing: |

Select one that applies:

Guild Commissioned & Non-Commissioned

Per the CBA, *Appendix A, Out of Classification Pay*:

When an employee is assigned by the Employer to a position that is at a pay level above their normal job classification, they shall receive the hourly wage minimum equivalent of five percent (5%) more than their current pay for each full shift that is worked at the higher job classification.

Teamsters

Per the CBA, *Appendix A, Out of Classification Pay*:

When an employee is assigned by the Employer to a position that is at a pay level above their normal job classification, they shall receive the hourly wage minimum equivalent of five percent (5%) more than their current pay. Employees must have worked a minimum of one (1) shift out of classification to receive this pay.

Non-Represented Employees

Per Employee Handbook, *Policy 4.10 Temporary Assignment to Higher Classification/Out of Class Pay*:

For special circumstances, the Department Director may request out-of-class pay for employees assigned to work higher level duties outside the scope of their normal job classification for hours worked at the higher job classification. Employees approved for out-of-class pay will receive at least a five percent (5%) increase more than their current base salary. Requests for out-of-class pay must be made in writing and approved by the Human Resources Director and the City Administrator.

*Note that requests for temporary assignments to a higher classification for thirty (30) days or more do not use this form and must be processed through Human Resources.

Explain Out of Class Duties Being Performed:

____ (initial) I, the employee, acknowledge the expectations and my responsibilities of performing the higher classification duties including, but not limited to, the duties above. I understand the applicable policy/CBA and agree to submit my timesheets accordingly and within the approved time frames.

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| Employee Signature: | Date: |
| Department Head Signature: | Date: |
| Human Resources Director Signature: | Date: |
| City Administrator Signature: | Date: |

Distribution: Original-Payroll Copy: Employee Copy: Supervisor