

## WORKING OUT OF CLASS REQUEST

Name of employee working out of class:

Current classification:

Out of class job title:

Substitute for (employee name):

Reason for working out of class:

Working out of class start date:

Working out of class end date:

Account Funding:  FOAP:

Department:

Supervisor's Name:

Supervisor's Signature:

**Please submit this request form to the Director of Human Resources**

*For HR use only:*

Meets Minimum Qualifications: Yes: ☐ No: ☐

Comments:

Verified by:  Date:

Personnel Action Form Created by:  Date:

Notes: