

INTER-OFFICE COMMUNICATION

\_\_\_\_\_  
Date

TO: Paul Murphy, Benefits and Compensation Manager

FROM:

SUBJECT: **Out of Classification Pay -**

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This employee  **is approaching**  **has reached** |  **has exceeded** the thirty (30) day limitation without prior approval for working out of class in the classification noted below. The number of days worked are \_\_\_\_ as of \_\_\_\_\_. It is requested that the employee be allowed to work beyond the thirty day limit. In support of this request, the following information is submitted.

**1. The position being filled is:**

**2. The reason the position is vacant is:**

**3. The specific duties this position performs are:**

**4. Number of other employees capable of performing this function. \_\_\_\_\_**

**5. Will this assignment be rotated?  Yes  No If "No," why not?**

**6. It is anticipated that this situation will continue until \_\_\_\_\_.**  
**The reason it will continue is:**

**Approval Signatures**

_____	_____
Immediate Supervisor	Date
_____	_____
Division Head	Date
_____	_____
Department Head	Date

Please return the completed form to the Human Resources Department.

<b>FOR HUMAN RESOURCES USE ONLY</b>	
<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
_____	_____
Benefits and Compensation Manager	Date
Comments:	
_____	
_____	
<input type="checkbox"/> Approval	<input type="checkbox"/> Denial
_____	_____
Labor Relations Director	Date