

CITY OF OMAHA WORKING OUT OF CLASSIFICATION/RANK

CIVILIAN BARGAINING, FUNCTIONAL AND POLICE BARGAINING EMPLOYEES

Employee: _____ Payroll Period Ending: _____

Employee ID #: _____ Department: _____

Classification/Rank: _____ Division: _____

Higher Classification/Rank: _____ Employee Being Replaced: _____

Reason for working out of class: _____

Dates and hours worked in the higher classification/rank:

	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Month														
Day														
Total hours worked out of class														

TO BE COMPLETED BY TIMEKEEPER ONLY

Total REGULAR hours paid out of class														
Total OVERTIME hours paid out of class														

Timekeeper's Name: _____

Location: _____ Phone: _____

(Check One)

		Approve	Deny
Supervisor:			
Manager:			
Department Head:			