**SANTA ROSA JUNIOR COLLEGE DISTRICT**

**Request for Out-Of-Classification Compensation**

Pursuant to Article 7.12.1 of the SEIU Agreement, please complete this form and PAF and submit to the Human Resources Department to provide justification to the request of Working Out-of-Classification compensation.

**EMPLOYEE NAME (PRINT):**

**Department:**

**Current Position**

**Title:**

**Name of Supervisor:**

**Monthly/Hourly Grade: Step:**

**If additional duties are part of an existing position title, identify the following:**

**Title:**

**Name of Supervisor:**

**Monthly/Hourly Grade/Range:**

**Duration of additional duties: Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:**

**Number of approximate hours per week performing the additional duties: \_\_\_\_\_\_\_**

**Description of additional duties (not in your current job description):**

*Attach additional sheets if necessary.*

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**