



**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:** _____