

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:
Aonthly/Hourly Grade:Step:
f additional duties are part of an existing position title, identify the following:
Title:
Name of Supervisor:
Ionthly/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: