

WORKING OUT OF CLASS DIFFERENTIAL SEIU Classified Staff

Position #

Article 20 – Differential Pay, Section 6 of the SEIU CBA outlines the requirements for Work Out-of-Classification.

INSTRUCTIONS:

1. Fill out the Working Out of Class Form.

Employee Name (Last, First, Middle)

- 2. Ensure the paperwork is complete, including signatures.
- 3. Attach a copy of the justification given to the employee informing them of their out-of-class duties.
- 4. Scan and email the paperwork to the Office of Human Resources, attention the Associate Vice President, or send the paperwork to Office of Human Resources, 3201 Campus Drive, Snell Hall 108, Klamath Falls, OR 97601.
- 5. The paperwork will be reviewed by HR once it has been received. If there are no questions, an approval email notification will be sent to the employee and supervisor indicated on the paperwork and the Office of Payroll to initiate differential pay.

Employee #

Please contact Suzette Yaezenko, Associate Vice President, with further questions.

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|---|-------------------------------------|----------------------------|-------------------|--|---|-------------------------|------------------|
| Department | | | | | Supervisor Name (Last, First, Middle) | | |
| Current Classification Title | | | | | Proposed Higher <u>Classification Title</u> | | |
| Date Extra Duties Began Date Extra Duti | | Date Extra Duties <i>E</i> | Ended* Current Sa | | ary Range | Current <u>Step</u> | Current Pay |
| List all additional tasks and duties performed within the dates provided above. Include the percentage/hours spent completing these duties. You may also attach a memo if more room is required. | | | | | | | |
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| *0 | | | | | | | |
| *Or are expecte | ed to end. | | | | | | |
| Supervisor Signature | | Da | ate S | | upervisor Email | | Supervisor Phone |
| HUMAN RESOURCES USE ONLY | | | | | | | |
| WOC SR# | WOC Classification Title WOC Step & | | tep & Pay | | WOC Type □ 5% (Special Duty Pay) □ 1st Step of Higher Class □ Other | WOC Differential Amount | |
| HR Representative Printed Name | | | Signature & Date | | | | Phone # |

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