

# LOS RIOS COMMUNITY COLLEGE DISTRICT

## Employee Request for Out of Classification Pay

This form is to be used when a classified employee requests out of classification pay. A fully executed copy of this form shall be responded to by the immediate supervisor/administrator within ten working days of receipt of this form. An employee required to work out of his/her classification (i.e., perform duties and assume responsibilities in a classification above or different from those in the job description for the employee's regular job classification) for more than five working days within a fifteen calendar day period shall be paid an increased salary for the entire period of out of classification work. Please refer to your collective bargaining contract for additional information.

**This section to be completed by employee** Employee Work Location: \_\_\_\_\_

Name: \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (M.I.) Employee ID: \_\_\_\_\_

Position title for which temporary Out-of-Classification pay is requested: \_\_\_\_\_

Reason Out-of-Classification pay is being requested (attach additional information if needed):  
\_\_\_\_\_  
\_\_\_\_\_

Effective Dates Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Signed: \_\_\_\_\_ (Employee) \_\_\_\_\_ (Date)

1. Upon signing, submit this form to your immediate supervisor/administrator and retain a copy for your record.

**This section to be completed by Immediate Supervisor/Administrator**

Recommended: **Yes** **No** Date Received by Supervisor/Administrator: \_\_\_\_\_

Recommended Classification #: \_\_\_\_\_ Title: \_\_\_\_\_

Replacement for (if applicable): \_\_\_\_\_

Effective Dates Recommended: From: \_\_\_\_\_ To: \_\_\_\_\_

Signed: \_\_\_\_\_ Immediate Supervisor/Administrator \_\_\_\_\_ Date

2. A copy of this form shall be forwarded by the Supervisor/Administrator to the VP Administrator or DO/FM Administrative Officer, Human Resources and the Bargaining Unit when the employee submits the request to the immediate supervisor/administrator for approval.

**This section to be completed by Vice President of Administration or DO/FM Administrator**

Approved:  Yes  No

If not approved, Reason: \_\_\_\_\_

Effective Dates Approved: From: \_\_\_\_\_ To: \_\_\_\_\_

Budget # \_\_\_\_\_

Account	Fund	Department Code	Program	Proj/Grant

Signed: \_\_\_\_\_ Vice President of Administration or DO/FM Administrative Officer \_\_\_\_\_ Date

3. A fully executed copy of this form shall be forwarded by the VP of Administration or DO/FM Administrator to the immediate supervisor/administrator, who will forward a copy to Employee, Bargaining Unit and Human Resources. If approved, prepare P103A and submit to Human Resources.

Original: Human Resources  
P103E

cc: Employee

VP Administration/Administrative Officer

Bargaining Unit

Last Revision: 05/2015

Los Rios Community College District  
**LRCEA / District Grievance**

Grievant Name: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Telephone (home): \_\_\_\_\_ Telephone (work): \_\_\_\_\_ Work Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Issues: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

**Informal Grievance Procedure**  
(Section 11.15)

Date: \_\_\_\_\_  
Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Level I – Immediate Supervisor**  
(Section 11.16.2)

Date Grievance Filed: \_\_\_\_\_ With (immediate manager): \_\_\_\_\_  
Article/Sections on which grievance is based: \_\_\_\_\_  
Remedial action requested: \_\_\_\_\_  
Meeting Date (within five days of filing grievance): \_\_\_\_\_  
Meeting Results/Proposed Resolution (due within five days of above meeting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signed: \_\_\_\_\_

*Attach additional sheets if necessary.*

**Level II – President / Designee or Chancellor / Designee**  
(Section 11.16.3)

Appeal Due (within five days of written Level I decision): \_\_\_\_\_ Date Filed: \_\_\_\_\_

Filed With: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meeting Date (within ten days of Level II appeal): \_\_\_\_\_

Meeting Results/Proposed Resolution (due within ten days of above meeting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

**Level III – Chancellor / Designee**  
(Section 11.16.4)

Appeal Due (within five days of written Level II decision): \_\_\_\_\_ Date Filed: \_\_\_\_\_

Filed With: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meeting Date (within ten days of Level III appeal): \_\_\_\_\_

Meeting Results/Proposed Resolution (due within ten days of above meeting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

*Attach additional sheets if necessary.*

**Level VI – Board of Review**  
(Section 11.16.5)

Appeal Due (within five days of written Level III decision): \_\_\_\_\_ Date Filed: \_\_\_\_\_

Filed With: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_

Hearing Date: \_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Level V – Board of Trustees**  
(Section 11.16.6)

Appeal Due (within five days of written Level IV decision): \_\_\_\_\_ Date Filed: \_\_\_\_\_

Filed With: \_\_\_\_\_

Board Action Date: \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Comments**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*\*Time limits may be waived by mutual written consent (Section 11.8)*