



# Salinas Union High School District

## Human Resources Department Working Out of Class Form

### SECTION I – Employee Information (To be completed by the originating site):

Employee's Name: \_\_\_\_\_ Employee ID (required): \_\_\_\_\_  
(Name of employee working out of class)

Current Position Title: \_\_\_\_\_ Site/Dept: \_\_\_\_\_

### SECTION II – Working Out of Class Information (WOC)

*Note: Classified extra hours cannot be worked in excess of 19 consecutive days*

Replacement for:

☐ Current Employee PC# \_\_\_\_\_ Name of Employee: \_\_\_\_\_

☐ Vacant Position PC# \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason: \_\_\_\_\_

Effective start date: \_\_\_\_\_ to \_\_\_\_\_

Hours per day: \_\_\_\_\_

### Account Code to be Charged:

| Fund | Resource | Year | Goal | Function | Object | Sub Object | Site | Local | Manager | % |
|------|----------|------|------|----------|--------|------------|------|-------|---------|---|
|      |          |      |      |          |        |            |      |       |         |   |
|      |          |      |      |          |        |            |      |       |         |   |

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Funding Administrator Signature (as applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### HUMAN RESOURCES ONLY

Years of Service:

Current Range: \_\_\_\_\_ Step \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ + Longevity Rate \_\_\_\_\_ %

WOC Sub Range: \_\_\_\_\_ Step \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_ + Longevity Rate \_\_\_\_\_ %

Hourly Differential Amount \$ \_\_\_\_\_

Submitted to: \_\_\_\_\_ Payroll \_\_\_\_\_ Site \_\_\_\_\_ Employee \_\_\_\_\_