

**WORK OUT OF CLASSIFICATION ASSIGNMENT**

**Work out of class** differential is paid to an employee when a manager/supervisor assigns duties at a higher level classification for a limited period of time, **OR** a differential paid pending official upward reclassification of the employee's position.

**Instructions:**

1. Attach this form along with the appropriate documentation as described in #10 below.
2. Send this form and attachments to the AGP.
3. Written approvals/signatures are required before the employee begins the assignment.

**SECTION A – To be completed by Manager/Supervisor**

1. EMPLOYEE NAME	2. OREGON IDENTIFICATION NUMBER
3. DIVISION/SECTION	4. MANAGER/SUPERVISOR AND PHONE NUMBER
5. TYPE OF WOC ASSIGNMENT a. <input type="checkbox"/> NEW <b>OR</b> <input type="checkbox"/> EXTENSION Original Begin Date _____ Original Expected End Date _____ New End Date _____  b. <input type="checkbox"/> Assignment of higher level duties for a limited period of time <b>OR</b> <input type="checkbox"/> Pending Upward Reclassification	
6. EMPLOYEE'S POSITION NUMBER	7. WOC POSITION NUMBER (Only Required if Backfill, see #10 for more info)
8. PROPOSED EFFECTIVE DATE OF WOC ASSIGNMENT: (MONTH/DAY/YEAR)	9. ANTICIPATED ENDING DATE OF WOC ASSIGNMENT: (MONTH/DAY/YEAR)

10. ALL WOC SUBMISSIONS MUST BE ACCOMPANIED BY THE FOLLOWING DOCUMENTATION:

BACKFILL: EMPLOYEE IS BACKFILLING BEHIND AN EMPLOYEE ON LEAVE/ROTATION/ETC. AND IS ASSIGNED ALL THE DUTIES OF THE HIGHER LEVEL POSITION AS SUPPORTED BY THE ATTACHED POSITION DESCRIPTION SIGNED BY THE EMPLOYEE AND MANAGER/SUPERVISOR. (NOT APPLICABLE TO FIRE SERVICE ACTING IN CAPACITY.)

ASSIGNMENT OF HIGHER LEVEL DUTIES FOR LIMITED PERIOD: ATTACH EMPLOYEE'S CURRENT POSITION DESCRIPTION AND A WRITTEN DESCRIPTION OF WOC DUTIES SIGNED BY THE EMPLOYEE AND MANAGER/SUPERVISOR.

**SECTION B – To be completed by AGP**

11. CURRENT CLASS TITLE	12. CURRENT CLASS #	13. CURRENT SR #	14. CURRENT PAY \$	15. EMPLOYEE MEETS MQ'S <input type="checkbox"/> Yes <input type="checkbox"/> No
16. WOC CLASSIFICATION TITLE	17. WOC CLASS #	18. WOC SR #	19. WOC TYPE <input type="checkbox"/> 5% <input type="checkbox"/> 1st step of higher class next higher rate in higher class	20. WOC DIFF. AMNT \$

**SIGNATURES:**

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE DATE

\_\_\_\_\_  
APPOINTING AUTHORITY SIGNATURE DATE