



# WORK OUT CLASSIFICATION (WOC) REQUEST

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. This form is not used for developmental opportunities where no additional compensation is given.

**Instructions:**

1. Attach this form to the appropriate documentation as described below.
2. Send this form and attachment(s) to the Human Resources Office.
3. Written approvals/signatures are required before the employee begins the assignment.

1. Division/Section	2. Employee Name	3. EIN
4. Employee Permanent Position Number	5. WOC Position Number (if applicable)	
6. Employee Permanent Classification Title	7. WOC Classification Title	
8. Current Classification #	9. WOC Classification #	
10. Start Date:	11. End Date:	12. Extension <input type="checkbox"/> Yes <input type="checkbox"/> No Date:

13. Indicate the need for the WOC request and submit the documentation associated with the reason.

**BACKFILL: Employee is backfilling behind another employee on leave or rotation etc. and is assigned all the duties of the higher level position as supported by the attached statement of duties.**

**ASSIGNMENT OF HIGHER LEVEL DUTIES FOR LIMITED PERIOD: Attach a written description of higher level duties.**

**PENDING UPWARD RECLASSIFICATION**

Management/Supervisor will ensure the employee understands the assigned duties of the higher class position will count as experience for future applications. Management/Supervisor will provide the employee with a copy of this form and the description of duties for the higher classification.

## FOR HR USE ONLY

Amounts are subject to adjustments per policy & CBA

5% WOC Assignment      Amount \$ \_\_\_\_\_      Amount \$ \_\_\_\_\_      Reclass Pending

WOC amount adjustment needed for base pay increase on \_\_\_\_\_

\_\_\_\_\_  
Employee Signature      Date      Phone Number

\_\_\_\_\_  
Supervisor's Printed Name and Signature      Date      Phone Number

\_\_\_\_\_  
Human Resources Rep. Printed Name and Signature      Date      Phone Number

\_\_\_\_\_  
Appointing Authority Printed Name and Signature      Date      Phone Number