



Temporary Assignment to Work Out of Classification (W.O.O.C.)

A. POSITION TO BE FILLED BY W.O.O.C.

Classification Title	Job Code	Name of Absent Employee (if applicable)	Position Number

B. EMPLOYEE TO BE ASSIGNED W.O.O.C.

Emp. ID#	Name of Employee to W.O.O.C		Social Security #
Job Code	TCN	Classification Title	Lead Pay Intake

C. DATES AND TIMES W.O.O.C. ASSIGNED

Please state specific day, date, time, and reason for assignment - e.g. MON 04/13/98 3:00-5:00 Vacation 2 HRS. **Reasons:** (Sick Leave, Vacation, Vacant code, Meeting, Training, Conference) Include any time off for Holiday or Sick Leave during assignment per appropriate agreement prevision.

FIRST WEEK OF PAY PERIOD					SECOND WEEK OF PAY PERIOD				
Day	Date	Times	Reason	Hours	Day	Date	Times	Reason	Hours
Monday					Monday	01/07/00			
Tuesday	01/01/00				Tuesday	01/08/00			
Wednesday	01/02/00				Wednesday	01/09/00			
Thursday	01/03/00				Thursday	01/10/00			
Friday	01/04/00				Friday	01/11/00			
Saturday	01/05/00				Saturday	01/12/00			
Sunday	01/06/00				Sunday	01/13/00			
Lunch: <input type="radio"/> 1/2 Hour <input checked="" type="radio"/> 1 Hour					Total WOOC Hours: 0.0				

D. ACKNOWLEDGMENT / APPROVAL

I acknowledge the WORK OUT OF CLASS assignment: _____
Signature of Employee Date

I certify that the employee named above is temporarily assigned WORK OUT OF CLASSIFICATION in a higher salary range or designated supervisory position for the dates and times specified in Section C.

Supervisors Signature	Date	Division	Phone
Directors Signature	Date		

E. CALCULATION FOR PAY (Personnel Completes)

WOOC Authorized Class Title: _____	Job code: _____
Class Paid at "CPA" Title: _____	Job code: _____
Promotional rate of W.O.O.C.:	
Range Step	Bi-Weekly Rate Hourly Rate
Salary of assigned employee:	
Range Step	Bi-Weekly Rate Hourly Rate
W.O.O.C. Pay Period: _____	Difference in hourly rates: _____ 0
Pay Period Posted: _____	Hours payable this pay period: _____ 0.0
Date Verified: _____	Gross Payroll Adjustment: _____ 0