

Office of Human Resource Administration

AUTHORIZATION TO WORK OUT OF CLASSIFICATION

NAME

DEPARTMENT

Position Title

REPLACES:

Name

Position Title

For the period:

Beginning Date:

Ending Date:

REASON FOR REQUEST:

Please be specific in providing reasons for the necessity to have an employee work in a higher class of position. Authorization for an employee directed to work in a higher class of position may be exercised "only when absolutely essential to the providing of adequate services." Whenever practical, the responsibilities of the individual should be performed by the supervisor on an interim basis pending the return of the regularly - assigned employee. "This procedure cannot be used for vacation coverage."

Prior approval from OHRA must be given.

Signature of employee accepting
higher class of position

Signature of Dean/Director

Signature of Provost/VP

Signature of Budget Director

Signature of Director, OHRA