

WORKING OUT OF CLASS REQUEST FORM

Submit to HrRequisitions@co.imperial.ca.us for processing.

(Note: Working Out of Class Request must be submitted and approved prior to placing staff under WOC status)

Type of Request:	<input type="checkbox"/> Initial period of 90 Days Request	<input type="checkbox"/> 90 Days Extension Request (requires Board of Supervisors Approval) Upon BOS approval of 90 day extension, department must submit to HR approved Minute Order back-up for processing.
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Department:		Fund No.:
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Department Head:	
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Employee Name:	
Current Classification:	ID#:

Current Classification:	Classification:	Current BU:	Current PCN:
	Current Range/Step:		

Working Out of Class Proposed Classification:	Classification:	Proposed BU:	Proposed WOC PCN:
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Temporary Promotion Due To:	<input type="checkbox"/> Vacancy	<input type="checkbox"/> Leave of Absence	ID#:
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Justification: Please provide brief detail of circumstances that have led to this request and description of duties that are to be performed. Please attach additional sheet if necessary. Note: Staff Member will need to meet the required qualifications listed in the proposed WOC classification job description. Please attach copy of employment application and education backup.	
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Department Head Signature:	
	Date:

Human Resources & Risk Management

Verification of MOU Eligibility:	Bargaining Unit: _____	Date:
Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/>		

Verification of Job Qualifications:		Date:
Meets <input type="checkbox"/> Does Not Meet <input type="checkbox"/>		

Recommended: Yes <input type="checkbox"/>		Date:
Recommended: No <input type="checkbox"/>		
Director of Human Resources & Risk Management		

Request Approved <input type="checkbox"/>		Date:
Request Denied <input type="checkbox"/>		
County Executive Officer		

Effective Date: (1st 30 Days Without Increase in Pay) Established upon CEO approval.	From:	To:	Completed by:
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Effective Date: (With Minimum 5% Increase in Pay)	From:	To:	Completed by:
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Financial Impact: Salary/Medicare/Retirement	Current Range/Step/Salary:	Proposed Range/Step/Salary:	Estimated Cost:
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Approval/Denial Email Notice sent to Department.	Date & Initials:	Received Date:	Completed by:
	*If approved, request PS2 (no PAF) and WOC Acknowledgment.		

90 Day Extension, Per Approval of Board of Supervisors

Effective Date: (Beyond Initial 90 Days - Requires Board Approval)	From:	To:	Completed by:
	Date Approved by BOS:	Minute Order #:	

Extension Notice sent to Department.	Date & Initials:	Received Date:	Completed by:
	*If approved, department must submit Minute Order and PS2 (no PAF) and WOC Acknowledgment.		

Comments:	
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