



REQUEST FOR SHORT TERM ACTING/OUT-OF-CLASS ASSIGNMENT

(submit via President/Vice Chancellor in advance)

Acting/Out-of-Class assignment request for: _____
Name of Employee From Date To Date

Employee's current classification _____
Employee's Present Classification

Name of Requesting Manager Date President/Vice Chancellor Signature Required for Approval

IMPORTANT: Choose #1 or #2 below, then answer #3 and provide brief summaries on Page 2.

1. Is the Acting/Out-of-Class assignment for a:

(1a) Vacant Position? Yes No **Or** Leave of Absence? Yes No

(1b) If vacant has a job announcement been posted? Yes No

(1c) Please provide information on position requiring backfill.

Position Number Classification Title Name of Absent/Previous incumbent

(1d) Will the employee for this Acting/Out-of-Class assignment:

(a) Perform 50% or more of the duties of the position requiring backfill? Yes No

(b) Be fully released from their primary position to perform the Acting/Out-of-Class Assgnment? Yes No

OR

2. Additional or reorganized work load where the duties appear to reflect _____

(2a) Will the employee for this Acting/Out-of-Class assignment perform the "Full Range of Duties" of a different classification? Yes No

3. Who will share this work? please list the Name(s) of other employee(s) and the percentage (%) of duties performed from the vacant position. Please provide a brief summary.

ALTERNATIVES THAT HAVE BEEN CONSIDERED TO THE OUT-OF-CLASS (i.e. absorption of duties by a supervisor, dispersing duties to others, temporarytransfer of Personnel)

DUTIES TO BE PERFORMED NOT CURRENTLY IN EMPLOYEE'S CLASSIFICATION (itemize the additional duties that will be assigned)

SUMMARY OF THE EMPLOYEE'S QUALIFICATIONS TO DO THE JOB: