

Master Agreement
 Article 37
 Section 3.

The union recognizes the right of the Employer to direct its working force, which includes the assignment of work to individual employees and it further recognizes that such assignments may include work outside an employee's classification. However it is understood that assignments outside of classification shall be made in a manner consistent with the Employer's operations and organization requirement.

Whenever an employee temporarily is charged to perform in general the duties and responsibilities of a position in a higher rated classification that a separate and distinct from those of the employee's own position for a period of any **five full cumulative** days in a **calendar quarter**, the employee shall be compensated, retroactive to the time the assignment took place, at an amount equal to **four and one half percent** of the employee's current rate of pay, or at the starting rate of the pay range for the higher class, **whichever is greater**. Employees who are charged to perform higher class work for the full day and who take leave for a portion of that day will be compensated, in increments of $\frac{1}{4}$ hour, for the partial day worked in the higher class after five full day threshold has been met.

REQUEST FOR PAYMENT OUT OF CLASSIFICATION PAY

Name: _____ **Employee Personnel #:** _____
Working For: _____ **Working As:** _____
Reason: _____
List duties here: _____

Check One: These two columns should total 7.5

| Day Off | Reg. Sched. Work Day | DATE | Hours Worked Regular Duties | Hours Worked Out of Class | Hours Worked Overtime Out of Class Only | HR USE ONLY 1.0 | HR USE ONLY 1.5 | HR USE ONLY 2.0 |
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I hereby certify that the employee listed above meets the following minimum experience and training requirements of the higher classification. I also certify that there were no other employees in an equivalent or higher classification (including managers) available to perform the necessary functions.

APPROVED _____ DATE _____
Supervisor Signature
 APPROVED _____ DATE _____
Manager Signature
 APPROVED _____ DATE _____
Director of Facilities

APPROVED _____ DATE _____

Director of Human Resources