



OUT OF CLASS/INTERIM REQUEST FORM

IMPORTANT NOTE:

THIS REQUEST MUST BE COMPLETED BY A SUPERVISOR AND APPROVED BY THE POSITION REVIEW COMMITTEE PRIOR TO EMPLOYEE PERFORMING 'OUT OF CLASS' DUTIES

An employee is considered to be **working out of class** in the following situations/under the following circumstances

- A position where the employee is on leave and the position is NOT vacant
- **A supervisor has authorized the work to be completed**

Employee Name: _____ EIN: _____ Length of Time in Current Position: _____

Current Position: _____ Current Supervisor: _____ Current Location: _____

Proposed Start Date: _____ Proposed End Date: _____ Day 11 Begins: _____

OUT OF CLASS/INTERIM POSITION INFORMATION:

Position Number: _____ Position Name: _____ Position Grade: _____ Effective Date: _____

Employee Replacing (Employee Name): _____ EIN: _____ Effective Date: _____

Employee Replacing (Employee Name): _____ Expected Return Date: _____

APPROVAL:

Principal/Supervisor: _____ **Director/Instructional Director:** _____
Signature/Date Signature/Date

Associate Superintendent/Chief: _____ * **Position Control:** _____
Signature/Date Signature/Date

*Once complete and signed, form should to be forwarded to Position.Control@pgcps.org for review and final approval

POSITION REVIEW COMMITTEE DECISION:

Approved Denied Date: _____ Notes: _____

PROCESSING:

HR Staffer: _____ **Date:** _____

Revised 03/17