

## APPENDIX "F"

Glendale Community College  
Human Resources Department

### REQUEST FOR OUT-OF-CLASS COMPENSATION FOR ADDITIONAL DUTIES

Please complete the following form which will be used to determine additional compensation for duties performed outside of your official job description for more than five days in a fifteen day period. The request will be reviewed and the proper compensation will be determined within thirty calendar days of receipt of this request. This form must be fully completed and signed by the employee prior to it being submitted to the Human Resources Department. Please retain a copy for your records.

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Current Position Title: \_\_\_\_\_ Work Location (for example: AD143): \_\_\_\_\_

Telephone Extension: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisor's Telephone Extension: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Range: \_\_\_\_\_ Step: \_\_\_\_\_

Additional job duty assigned (not in your official job description): Please list each job duty separately and include all the information requested below.

*Attach additional sheets if necessary*

Number of hours per week performing duty: \_\_\_\_

Date additional duty was assigned to you: \_\_\_\_\_

Is the additional duty still being performed by you? YES or NO

If not, date the additional duties ended: \_\_\_\_\_

Submitted by: \_\_\_\_\_

*Print Employee Name*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*