San Joaquin County

WORKING ABOVE CLASS PAY REQUEST FORM FY 2023-2024

**To approve above classification requests in accordance with County Policy and adopted MOU’s, this form is to be completed prior to making above classification appointments. Following completion, submit to the Human Resources Division for review and approval**.

|  |  |
| --- | --- |
| Submittal Date |   |
| Proposed Effective Date of Assignment\* |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Department |       | Budget Unit # |       |
| Contact Name |       | Phone # |       |

1. Type of above classification pay request:

 [ ]  5% above classification pay

 [ ]  Pay Always (Code A24)

 [ ]  Pay Only When Worked/As-Needed (Code A4A)

***OR***

 [ ]  Working in a specific classification\*

*\*Employee must meet established minimum qualifications and will be performing the full scope of duties associated with above class work*

 **Identify Specific Classification**:      \_\_\_\_\_\_\_\_\_

 [ ]  Pay Always (Code A88)

 [ ]  Pay Only When Worked/As-Needed (Code A4B)

2. Reason For Above Class Pay Request. Please check one of the boxes below and explain in the space provided.

 [ ]  Extended Absence of a Regular Employee

|  |  |
| --- | --- |
| Employee ID: | Classification |
|       |       |

 [ ]  Vacancy due to termination or resignation

|  |  |
| --- | --- |
| Employee ID: | Classification |
|       |       |

 [ ]  Other, please explain

3a. What is the anticipated duration of the Above Class Assignment? (cannot exceed current fiscal year ending June 16, 2024):

3b. Is this an extension for a previously approved WAC? Yes [ ]  No [ ]

4. Name, Emp ID, and classification title of employee selected to fill the above class assignment

|  |  |  |
| --- | --- | --- |
| Employee Name: | Empl ID | Classification |
|       |       |       |

5. What selection method was used to determine the above classification appointment?

6. Explain why the added tasks cannot be performed within the existing job classification or assigned to a higher-level classification.

7. Please list the specific above class work assignments to be performed, and the reason for the added job tasks that qualifies this position as an above classification assignment.

8. Through the budget process or otherwise, have you submitted a request to Administration for an additional position to accommodate the performance of the higher-level tasks? If yes, please explain the status of your request at this time.

9. Do you anticipate a request within the next 6 months to review this position? If yes, please explain why.

Note: All above classification requests must be submitted to the Director of Human Resources at least 7-10 working days prior to making an above classification appointment. If you have not received approval from Human Resources, you are not authorized to begin the assignment.

|  |  |
| --- | --- |
| Department Approval:        | Date:       |

 (Signature of Appointing Authority)

For County Human Resources Only:

|  |  |  |
| --- | --- | --- |
| Name:       | Classification:      Meets In-Class MQ:       | Approved by:       |
| Date Received:      Extension Request:       | Reviewed by Analyst:      Reviewed by Supervisor/Principal:       |
| Comments/Concerns:      |

INSTRUCTIONS FOR COMPLETING THE “PAY FOR WORKING ABOVE CLASS” REQUEST FORM:

**Prior to assigning duties** to an employee that may result in “working above class” pay, departments should consult with Human Resources to determine if the duties assigned are within the scope of the employee’s current classification. In many cases, the additional duties will not warrant out of class supplemental pay.

If, after consulting with Human Resources, the proposed duties may be considered to be outside the scope of the employee’s current classification, complete the Request for Pay for Working Above Class form and forward it to the Human Resources Director. The form can be completed and forwarded to the Human Resources Director by email or a hard copy may be produced and submitted to Human Resources. Email is the preferred method of delivery. Allow one (1) work week for the evaluation and approval process.

The Request for Pay for Working Above Class will be reviewed and approved by the Human Resources Director. Human Resources will notify the department of the final decision regarding the working above class request.

Pay for Working Above Class Requests shall have a start date and a termination date. Generally assignments are not approved for more than 120 days but in all cases, approval will not exceed the end of the fiscal year. **Requests submitted with a retroactive start date will be rejected and returned to the department**. Departments are responsible to submit the appropriate paperwork to remove the working above class supplemental pay code from the employee’s payroll documents at the end of the approval period. Requests to extend the working above class assignment must be submitted prior to the end of the approval period on the same Pay for Working Above Class Request form. All working above class assignments will terminate at the end of the fiscal year unless the department has resubmitted the request form to the Human Resources Director as part of the annual budget process.

HR FORM: WAC

Created: 3/31/03

Revised: 01/19/23

Reviewed: 01/19/23