



# 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: \_\_\_\_\_ Signature/Date  
Director/Instructional Director: \_\_\_\_\_ Signature/Date

Associate Superintendent/Chief: \_\_\_\_\_ \* Position Control: \_\_\_\_\_ Signature/Date

\*Once complete and signed, form should to be forwarded to [Position.Control@pgcps.org](mailto:Position.Control@pgcps.org) for review and final approval

**POSITION REVIEW COMMITTEE DECISION:**

Approved  Denied Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**PROCESSING:**

HR Staffer: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised 03/17*