**OUT OF CLASS PAY (INTERIM PAY) REQUEST FORM**

**As a result of the financial implications associated with Covid-19, only urgent out of class pay requests that have been approved by the Chief Business Officer (CBO) or designee in a business unit are being reviewed at this time.**

**Purpose of Out of Class Pay:** **To compensate regular exempt and non-exempt staff for assuming an acting/interim appointment. This generally occurs when a regular employee temporarily assumes the essential duties of another regular employee (generally of a higher pay grade) while continuing to perform his/her original job duties. Acting appointments must be for a minimum of 30 days and generally should not exceed six months.**

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| **Requester:** |
| **NAME:** **Click here to enter text.** |
| **TITLE:** **Click here to enter text.** |
| **DEPARTMENT: Click here to enter text.** |
| **DATE OF REQUEST:** **Click here to enter text.** |
| **Has the CBO in your business unit approved this request**?  **YES**  **NO** |
| **Was Emory’s Internal Resource Program considered as an alternative to requesting out of class pay?**  **YES**  **NO**  **Please explain. Click here to enter text.** |

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| **Out of Class Pay requested for (current information):** | |
| **NAME:** **Click here to enter text.** | |
| **EMPLOYEE ID:** **Click here to enter text.** | |
| **DEPARTMENT NAME: Click here to enter text.** | **DEPARTMENT #: Click here to enter text.** |
| **TITLE:** **Click here to enter text.** | **GRADE:** **Click here to enter text.** |
| **SUPERVISOR:** **Click here to enter text.** | |
| **FLSA STATUS:**   **EXEMPT**  **NON-EXEMPT** | **FTE: Click here to enter text.** |
| **ANNUALIZED SALARY**: **Click here to enter text.** | |
| **When did the last written performance evaluation occur? Click here to enter text.** | |
| **Are there any performance concerns?**  **YES**  **NO** | |
| **If yes, please explain. Click here to enter text.** | |

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| **Out of Class Pay request information:** |
| **Proposed increase percentage (Compensation staff can provide assistance): Click here to enter text.** |
| **How was the increase amount determined? Click here to enter text.** |
| **Proposed effective date: Click here to enter text.** |

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| **Justification:** |
| **Describe the situation that prompted the request for out of class pay (i.e. employee on FMLA, vacant position, etc.).**  **Click here to enter text.** |
| **How long is it expected to last? Click here to enter text.** |
| **Please explain the primary additional duties to be handled during the interim assignment?**  **Click here to enter text.** |
| **Why was this employee selected instead of others in the business unit? Click here to enter text.** |
| **Do you expect anyone to question this decision?**  **YES**  **NO** |
| **If yes, please explain. Click here to enter text.** |
| **Will this employee continue to handle his/her regular responsibilities?**  **YES**  **NO** |
| **Will the employee likely be required to work beyond his/her FTE** d**uring the interim assignment?**  **YES**  **NO** |

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| **SOM USE ONLY (Additional Rows May Be Added; Speedtypes Must = 100%)** | | | | |
| **Speedtype #** | **Speedtype %** | **ST/Project Name** | **Current Balance  (if applicable)** | **Grant End Date  (if applicable)** |
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Please return your completed form to your Compensation contact.