**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.**

|  |
| --- |
| **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.** |

|  |
| --- |
| **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.** |

|  |
| --- |
| **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.** |

|  |
| --- |
| **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** |

|  |
| --- |
| **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)** |
|  |  |  |  |  |
|  |  |  |  |  |

Please return your completed form to your Compensation contact.