RIVERSIDE COUNTY OFFICE OF EDUCATION

DIVISION OF PERSONNEL SERVICES

Request for Compensation
For a Temporary Inconsistent Duty Assignment
In a Higher Classification

INCONSISTENT DUTY ASSIGNMENT

Name of Employee Working in a Higher Classification: _____

Employee Number: _____Current Job Classification: _____

Current Work Site: _____

Department: _____Division: _____

Temporary Assignment in a Higher Classification: _____

Start Date: _____Estimated End Date: _____

Position Control Number **and** Name of Employee Being Replaced: _____

Reason Position is Temporarily Assigned: _____

_____

_____

_____

_____ _____ _____ _____
Signature of Supervisor Date Signature of Director Date

❑ Approved ❑ Disapproved _____ _____
Signature of Director II, Classified Personnel Date

Please reference: CSEA Collective Bargaining Agreement, Article XIII Wage Scale, Section 13.26 Inconsistent Duty Assignment: Compensation

PLEASE RETURN THIS FORM TO PERSONNEL SERVICES AND ATTACH COPIES OF ANY SUPPORTING DOCUMENTATION.

PERSONNEL/PAYROLL USE ONLY

SALARY SCHEDULE _____ ROW _____ COLUMN _____ SALARY $_____