



MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT

REQUEST FOR WORKING OUT OF CLASS PAY

Effective Date

Employee ID	Last Name	First Name	Dept-Div-Loc
Current Classification		Occupational Code	
Working Out of Classification		Occupational Code	

Replacement For: _____

Reason:

- ☐ Reserved for Pipeline
- ☐ Pending OMB
- ☐ Leave of Absence
- ☐ Extended Suspension
- ☐ Other: _____

Job Opening #: _____

Date Assignment Starts: _____

Date Assignment Ends: _____

Authorizing Signatures

	Signature	Print Name	Date
Immediate Supervisor			
Division Head			
Department's Director			

I have reviewed this request per the applicable Collective Bargaining Unit Agreement. This request is therefore:

Approved ☐ Disapproved ☐

For use by Human Resources Only

	Signature	Print Name	Date
Human Resources Department			

Approved ☐ Disapproved ☐