



CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH, HUMAN RESOURCES OFFICE

DATE : \_\_\_\_\_

TO : Karen Hyers, DPH Human Resources Director

FROM : \_\_\_\_\_  
*Unit Name; Unit Supervisor's Signature and Payroll Number*

\_\_\_\_\_  
*Division Head's Name and Signature and Payroll Number*

**SUBJECT: OUT-OF-CLASS (O/C) REQUEST**

Employee Name: \_\_\_\_\_

Payroll #: \_\_\_\_\_

Current Title: \_\_\_\_\_

Current Class Code: \_\_\_\_\_

Department Number: \_\_\_\_\_

O/C Title: \_\_\_\_\_

O/C Class Code: \_\_\_\_\_

**O/C PAYMENT OPTIONS:**

*Continuous (60 out of 90 days):* Effective Date: \_\_\_\_\_

*Non-Rep Continuous (30 out of 90 days):* Effective Date: \_\_\_\_\_  
*(Above EP16 Pay Range—UNPAID)*

*Non-Continuous:* From: \_\_\_\_\_

To: \_\_\_\_\_

*Intermittent/Sporadic:* List Dates: \_\_\_\_\_

**Specific Reason for O/C (e.g., sick leave, FMLA leave, vacation leave, etc.):** \_\_\_\_\_

**I certify that the above out-of-class assignment could not be assigned to a person in a higher or equivalent class of work and that:**

- This out-of-class appointment was made from an appropriate promotional eligible list.
- In the absence of an appropriate promotional eligible list, the appointee possesses the necessary qualifications to perform the out-of-class work\*.
- In the absence of an appropriate promotional eligible list or of an employee possessing the necessary qualifications, the above individual was selected.

**\*I approve a Temporary Appointment following an out-of-class assignment, if applicable.**

Yes OR  No

**HR Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_