

EMPLOYEE INFORMATION

LAST NAME FIRST NAME M.I. CURRENT CLASSIFICATION
DGS OFFICE CURRENTLY EMPLOYED UNIT WORK TELEPHONE NUMBER
WORK STREET ADDRESS CITY STATE ZIP CODE
CURRENT SUPERVISOR'S NAME SUPERVISOR'S WORK TELEPHONE NUMBER

OUT OF CLASS INFORMATION

CLASSIFICATION WHILE PERFORMING OUT-OF-CLASS DUTIES EFFECTIVE DATE END DATE
OFFICE WHERE OUT-OF-CLASS DUTIES PERFORMED
WORK STREET ADDRESS CITY STATE ZIP CODE
FIRST NAME OF SUPERVISOR WHO MADE ASSIGNMENT LAST NAME WORK TELEPHONE NUMBER
DESCRIPTION OF TYPE AND LEVEL OF OUT-OF-CLASS DUTIES INCLUDING PERCENTAGE OF TIME (use additional sheets if necessary)

DESCRIPTION OF CIRCUMSTANCES NECESSITATING OUT-OF-CLASS ASSIGNMENT (to be completed by Supervisor)

EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE

TO BE COMPLETED BY OFFICE OF HUMAN RESOURCES PERSONNEL

The DGS Personnel Office certifies that the above-named employee shall be credited _____ months of experience performing the duties of a _____. This experience was obtained during the period of _____ to _____.

The Out-Of-Class is not supported. See attached letter for reason.

PERSONNEL OFFICER NAME SIGNATURE DATE

CLASSIFICATION & PAY ANALYST NAME SIGNATURE DATE

cc: OPF
Selection Unit

INSTRUCTIONS

State Personnel Board Rule 212 permits state employees to use verified out-of-class experience in qualifying for promotional examinations. Out-of-class experience is that work experience gained by the performance of duties outside of the classification concept of the employee's classification of appointment. The minimum verifiable length of out-of-class experience is 30 consecutive calendar days. If you believe you have worked out-of-class for a minimum of 30 consecutive calendar days and wish to receive credit when applying for promotional examinations, complete this form.

1. Provide as much information about the out-of-class duties as possible including the percentage of time spent performing out-of-class duties. Use additional sheets if necessary.
2. Sign and date this form and obtain the signature of the supervisor who assigned the out-of-class duties (preferably) or another supervisor who can verify the out-of-class assignment.
3. Attach any supporting evidence that is available.
4. Forward this form to the address below. This form must be received **NO LATER THAN** _____ in order to be considered for the administration of the _____ examination. You will receive a written notification of the results from the Personnel Manager.

DEPARTMENT OF GENERAL SERVICES
Office of Human Resources
Attention: Classification and Pay Analyst
707 Third Street, 7th Floor, MS 402
West Sacramento, CA 95605