

OUT-OF-CLASS CLAIM APPROVAL

TO: Department of General Services DATE:
Mailing Address: PO Box 989052, West Sacramento, CA 95798-9052
Street Address: 707 Third Street, 7th Floor, West Sacramento, CA 95605
ATTN:

FROM: Department of Personnel Administration
Out-of-Class Claim Review Unit

The out-of-class for the individual listed below has been approved for payment by the Department of Personnel Administration:

Table with 2 columns: Name, Current Class. Below it, Class of Out-of-Class Duties, Period of Out of Class.

(TO BE PROCESSED BY DEPARTMENT)

Based upon the above information, please compute the dollar amount owed to the claimant.
Amount of Claim \$_____

In the space provided below, please identify the chapter and item of your current year budget to be used for payment. All payments must be from this fiscal year and from the same fund the employee would have been paid from had the out-of-class work been a proper assignment of duties. If monies are not available to cover the full amount needed, please indicate how much is available. (Please obtain the appropriate Department of Finance authorization of the availability of funds).

Funding Sources: Chapter _____ Item _____

Prog/Sched _____ Amount available (if less than full amount): \$_____

Certification of Availability of Funds

Chief of Administration _____ Date _____ Telephone Number _____
Department of _____

Upon completion of the information on the first page, return this document along with the completed "Release of All Claims: form to the Out-of-Class Review Unit, Classification and Compensation Division. The Out-of-Class Manager will authorize payment and return the forms to the department.

Authorization for Payment

Out-of-Class Claim Coordinator _____ Date _____ Telephone Number _____
Classification and Compensation Division