



Working Out of Range (WOR)

Rev. 04/22

USER INSTRUCTIONS

Form Purpose: Use this form to request out of range pay for a classified employee.

How to Complete this Form: Fill out this form online. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit this completed form either electronically or on paper. Forms submitted electronically do not require a signature.

Where to Send this Form: Email the completed form to HR@4j.lane.edu or submit a signed, hard copy to Human Resources.

Deadline: This form is due in the Human Resources office by 5:00 p.m. of the "Field Cutoff" date for the respective month. The "Field Cutoff" is the date by which all forms related to employee changes are due in Human Resources and is sent to administrators and supervisors by e-mail at the beginning of each month.

Out of Range (OSEA/4J Collective Bargaining Agreement, Section 19.6.1): Any employee assigned by an authorized administrator to perform substantially the same duties of a higher-paid position within the classified bargaining unit for more than five (5) consecutive working days, shall be considered to be working out of range. An employee so assigned shall be paid on the higher classification range, at the step level rate next above his/her present rate of pay or two and one-half percent (2.5%), whichever is higher retroactive to the first day.

NAME OF EMPLOYEE WORKING OUT OF RANGE

Last Name	First Name	Employee #
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ASSIGNMENT INFORMATION – Use this section to specify what has changed

Regular Assignment/Position Info <i>(Complete ALL information)</i>	Out of Range Assignment/Position Info <i>(Indicate ONLY what has changed)</i>
Job Title:	Job Title:
Building/Dept:	Building/Dept:
FTE/Hours:	FTE/Hours:
Work Year Schedule:	Work Year Schedule:

DATES – Provide dates worked in new position (please include ALL DAYS WORKED). If the exact schedule of working out of range is known, you only need to turn in one out of range form. If dates are sporadic or the schedule is tentative, please turn in a new form for each month.

LONG TERM Greater than 30 days	First day employee worked out of range:	Last day working out of range: OR Ongoing <input type="checkbox"/>	
	OR		
SHORT TERM	Individual days worked out of range (list dates):	First day of month worked out of range:	Last day of month worked out of range:

COMMENTS

SIGNATURE (if submitted on paper)

_____	_____
Requesting Administrator/Supervisor Signature	Date
_____	_____
Type or Print Administrator/Supervisor Name	Date