



Requesting Additional Hours for Classified Staff

Revised 9/20/19
Form Owner: Human Resources
Form Location:
<http://www.4j.lane.edu/hr/forms>

USER INSTRUCTIONS

Form Purpose: Use this form to notify Human Resources when you are requesting to add an additional assignment or add additional hours to an existing classified employee's current assignment.

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 hard copy to Human Resources.

Procedure Requirements: This form can be used to facilitate additional hours if the hours being added meets the following restrictions:

- All Schools/Departments – 3.99 hours or less
- All Schools/Departments – Does not change the employee's time block

If the hours are more than the restrictions listed above, or if adding the time would change the employee's timeblock, the hours must be posted as a vacancy or added to a different employee's current assignment.

Please see both sides of the form for all necessary information.

REASON FOR ADDITIONAL HOURS REQUEST – Fill out completely

Amount of hours to assign (must be 15 min. increments):

Reason for additional hours:

STAFF ELIGIBLE FOR ADDITIONAL HOURS – List all classified staff eligible and able for the hours to be added to their current assignment (Additional staff can be listed in the comments section if needed).

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

COMMUNICATION – Describe in detail how the additional assignment was communicated to eligible staff and the process to decide which staff member would be given the assignment resulting in the additional hours:

IS THIS COVERAGE FOR A LEAVE OF ABSENCE?

YES

NO

If "yes" please complete the information below:

Name of Employee on Leave of Absence:

Employee ID Number:

Coverage Period:

Comments:

