

HUMAN RESOURCES SERVICES GROUP

Date:

■ Forty South Market Street ■ San José, CA 95113

408-270-6406 • 408-239-8825 (fax)

MSC ADDITIONAL PAY FOR ADDITIONAL ASSIGNMENTS FORM

Employee Information					
Employee ID:	Employee Name: (Last, First Name)				
Department:		Location:			
All requests for additional pay mu	st be reviewed by	SJECCD Executive Cabinet prior to submission.			
Additional duties are limited to 960 hours/ six months in order to comply with Gov. Code section 20480.					
Members should work with their direct supervisor to complete this form.					
Provide line-by-line details of additional duties assigned.					
The vide lime by lime detaile of additional databases.					
If members are assigned additional duties due to a vacancy, the position must be in the process of					
recruitment. If the vacancy is not in recruitment, an explanation must be included in the request, detailing why the position is not in recruitment.					
the position is not in recruitment.					
 Members are eligible for a 10% increase for approved additional duties that are limited and project based,					
outside of normal duties.					
Members are eligible for a 15% increase for approved additional duties for multiple projects, or duties impacting several areas outside of normal duties.					
impasting several areas outside of normal addies.					
Check one of the following:					
10% increase for additional duties that are limited/project-based					
15% increase for additional duties that are impacting several areas					
1575 III. S. C.					
Additional Designation of the Control of the Contro					
Additional Pay Rationale Please provide line-by-line additional duties that warrants additional pay:					
Thouse provide line by line additional additional pay.					
Start Date:		End Date:			

Accounting Information (Additional Pay Only)					
Account Code	Amount Per Pay Period	Number of Months (limit 6 months)	Total Amount		
1.					
2.					
Review & Approval	Signature		Date		
Chancellor (Executive Cabinet)					
Vice Chancellor Human Resources					
MSCC President					
Authorization	Signature		Date		
Employee					
Vice President/Vice Chancellor					
Administrative Services					
President (if applicable)					
Please provide clear rationale for the approval or denial of this request:					
	1				
Process (Board & Payroll)			1		
Human Resources					