

Temporary Working Out of Classification (TWOC) Request Form

Please complete the below form to request a temporary working out of class assignment. Please provide the following information for the Temporary Working Out of Class Assignment. Completed forms should be submitted to human-resources@iup.edu. Human Resources will contact you should further information be needed. **NOTE: To be eligible for working out of class, the employee must be performing the higher level work the majority of the time and the work must be distinguishable from their standard job duties and responsibilities.**

Employee TWOC Job Information & Justification			
Employee's Name:		Employee's Current Job Title/Classification:	
TWOC Supervisor:		Requested TWOC Job Title/Classification:	
Who will the employee be working			
Brief description of their qualifications (attach a resume if position has minimum requirements):			
Requested TWOC Start Date:		TWOC End Date:	
Cost Center change, if applicable: Current Work S		Schedule:	TWOC Work Schedule:
Current Dept./Org Unit:	New Dept./Org Unit		Will they be a supervisor or leave approver?
Please provide a detailed summa	nry on the work to be pe	rformed while v	working out of classification: