## **OUT-OF-CLASS GRIEVANCE PAYMENT PROCESSING GUIDELINES**

Reimbursement approved by the Department of Personnel Administration (DPA) for out-of-class grievances filed by employees is paid through the Controller's Premium Pay Unit. The following guidelines are to be used by departments for processing out-of-class grievance payments.

Any dispute arising from lower level decisions on an out-of-class grievance must be
 reviewed and approved by DPA as a final level of decision before it can be processed for
 payment. DPA will certify the classification appropriate for the out-of-class work and the
 time period for which payment may be authorized.

When this certification is completed, an "Out-of-Class Grievance Approval" payment form is initiated by DPA and sent to the personnel office in the employee's department for calculation of the correct amount for the out-of-class payment.

The payment is calculated by the claimant's department according to the employee's appropriate Bargaining Unit Contract/Memorandum of Understanding or according to DPA Rule 599.810 for nonrepresented employees.

In accordance with Government Code Section 19818.16(a), no employee can be compensated for more than one (1) year of out-of-class work from the date the grievance is filed for any one assignment.

- 2. The out-of-class grievance forms package must be forwarded to:
  - a. The appointing authority's Chief of Administration for certification of funds on the "Out-of-Class Grievance Approval" form.
  - b. The employee for signature on the "Release of All Claims" form. The claimant's signature must have proof of authenticity (have the current supervisor's signature affixed).
- 3. Once the documents/forms (Claim Approval and Release of All Claims) are completed by the appointing authority, and the employee, they must be returned to DPA for review and approval.
- 4. After a review of the forms for completeness, they are returned to the department for processing.
- 5. If the approval package requires the use of the Std. Form 674 for payment through the State Controller's Office, the documents should be sent to:

State Controller's Office Premium Pay Unit 300 Capitol Mall, 5<sup>th</sup> Floor Sacramento, CA 95814

(Any questions regarding the payment process may be directed to DPA's Out-of-Class Review Unit at [916] 324-9381.)

## **OUT-OF-CLASS GRIEVANCE APPROVAL**

TO: DATE:			DATE:		
FROM:	•	Department of Personnel Administration Out-of-Class Claim Review Unit			
	class claim for the individent of Personnel Administra		approved for payment by the		
Name		Current C	lass		
Class of O	ut-of-Class Duties	Period of	Out of Class		
*****	*********	********	*********		
	(TO BE P	ROCESSED BY DEPAR	TMENT)		
Based upo		please compute the dollar unt of Claim \$	amount owed to the claimant.		
be used for employee	r payment. All payments would have been paid fro	must be from this fiscal ye m had the out-of-class wo	tem of your current year budget to ear and from the same fund the rk been a proper assignment of eded, please indicate how much is		
Funding So	ources: Chapter		Item		
Prog/Sche	d	Amount available (if less	mount available (if less than full amount): \$		
<u>Certificatio</u>	n of Availability of Funds				
	Iministration at of	 Date	Telephone Number		
completed Compensa	"Release of All Claims" for	orm to the Out-of-Class Re	is document along with the eview Unit, Classification and lauthorize payment and return the		
<u>Authorizati</u>	on for Payment				
	ss Claim Coordinator on and Compensation Di	 Date vision	Telephone Number		

(Revised 4/03)

## **RELEASE OF ALL CLAIMS**

Upon receipt of payment of DOLLARS (\$ ),		
does hereby, and for his/her heirs, exect and discharge the State of California, its and all liability arising from and under the Department of Personnel Administration which he/she now has or may hereafter agent, or employee thereof for damages his/her claim.	s officers, agents, and employees f ne matters recited in his/her out-of-o ation (DPA), and from any and all c have against the State of Californi	rom release from any class claim filed with claims and demands a, or any officer,
This release has been read by the undevoluntarily entered into, without any proon this day of	mises or inducements not herein ex	
I understand that this payment is subject which it is received. I am required to re		•
	Claimant's Signature	Date
**************************************	* * * * * * * * * * * * * * * * * * *	*****
I hereby swear that the above affixed si to me and whose signature was execute 20		
	Supervisor's Signature	 Date
	Title	
	Work Location	