

CITY OF PROVIDENCE

DEPARTMENT OF HUMAN RESOURCES

NOTICE OF OUT OF RANK PAY

DEPARTMENT: _____

DATE: _____

The following employees are being paid out of rank:

Employee Name	Title	Pay Rate	Date OOR Began	Position being paid to	Salary of position	# days Paid	Reason for Out of Rank Pay

NAME OF SUPERVISOR/DEPARTMENT HEAD: _____

APPROVAL OF SUPERVISOR/DEPARTMENT HEAD: _____
(Signature)

DATE: _____