

CITY OF PROVIDENCE

DEPARTMENT OF HUMAN RESOURCES

OUT OF RANK PAY REQUEST FOR APPROVAL

TO: SYBIL BAILEY - DIRECTOR OF HUMAN RESOURCES

FROM: _____
(Name and Title of Director)

DEPARTMENT AND DIVISION: _____

DATE OF REQUEST: _____

The following is a request to exceed 90 days out of rank pay for an employee(s) in our department:

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

FOR HR USE ONLY:

APPROVAL OF DIRECTOR OF HUMAN RESOURCES: _____
(Signature)

DATE: _____

DATE SENT TO CITY COUNCIL BY HR: _____