

City of Baltimore
Department of Human Resources

**SUPPLEMENTAL DOCUMENTS
FOR HUMAN RESOURCES ISSUES
REGARDING COVID-19 & OTHER
CATASTROPHIC EVENTS**




Bernard C. "Jack" Young
Mayor




Quinton M. Herbert
Director

Out of Title Pay Request

 CITY OF BALTIMORE		OUT-OF-TITLE PAY REQUEST		
INSTRUCTIONS: 1. Type or print in ink. 2. Complete all blocks that apply to this request. Submission of an incomplete request may delay processing. 3. Attach additional sheets if necessary.		DHR USE ONLY		Grade Difference
		Received on		DHR Project #
		Technician		
AGENCY NAME		BUREAU/DIVISION		
REQUEST CATEGORY Check all that apply: <input type="checkbox"/> Initial 120 day period <input type="checkbox"/> Extension <input type="checkbox"/> 20 day period <input type="checkbox"/> Late Request				
EMPLOYEE RECOMMENDED FOR OUT-OF-TITLE ASSIGNMENT	Employee's Name		Employee's ID #:	Payroll Dept./Loc. Code
	Class number	Title		Does the employee meet the minimum Qualifications for the out-of-title position? (COMPLETE REVERSE SIDE) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Grade	Salary Range	Job Number	
	Explain why you recommend this employee for the out-of-title assignment.			
	Does/will the employee perform the full range of higher level duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain what duties are not performed by the assignee.	
OUT-OF-TITLE POSITION & ASSIGNMENT	Class number	Title		Position Status <input type="checkbox"/> Filled <input type="checkbox"/> Vacant
	Grade	Salary range	Job number	Budget Program & Activity #
	If filled, name Of incumbent:			
	Reason for request. (Refer to "Eligibility" section of AM-214-1, Part II.)			
Explain why these duties cannot be performed by an employee(s) in a comparable or higher level class than the out-of-title position.				
Out-of-title pay beginning date		Out-of-title pay ending date	Number of working days	First day of out-of-title assignment
ELIGIBILITY LIST	<i>Complete only if the out-of-title assignment is for a vacant position</i>			
	Does an eligibility list for this classification Exist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the assignee on this list? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there no eligibility list, has the agency Requested an examination for the classification?	
EXTENSION OF INITIAL ASSIGNMENT	<i>Complete only if this is a request to extend an out-of-title assignment</i>			
	Date of initial out-of-title Assignment.	Expected date of completion of initial period of 120 working days	Was the initial 120-day period approved by DHR?	If yes, give date of DHR approval.
Why is an extension necessary?				
LATE REQUEST	<i>Complete only if this request is late</i>			
	Why is this request late? (Refer to "Late Requests" section of AM 214-1, PART II; attach a completed POSITION DESCRIPTION.)			
I hereby certify that all of the above information is correct and authorize the request for out-of-title pay.		Preliminary Approval & Date (Optional Agency Use)	AGENCY HEAD'S SIGNATURE	
			DATE	

SECTION 7 - OUT-OF-TITLE ASSIGNMENTS

 CITY OF BALTIMORE	OUT-OF-TITLE PAY REQUEST		
QUALIFICATIONS OF THE EMPLOYEE RECOMMENDED FOR THE OUT-OF-TITLE ASSIGNMENT			
<i>NOTE: Employees working out-of-title <u>must</u> meet the minimum qualifications of the higher class. Refer to the appropriate class specification.</i>			
EMPLOYEE'S NAME		SSN	
REQUIRED EDUCATION OR DEGREES			
REQUIRED CERTIFICATES OR LICENSES (ATTACH COPIES)			
RELEVANT WORK EXPERIENCE			
Employer	Job Title	Dates of experience	Number of hours per week
Complete description of duties performed which relate to the out-of-title class.			
Employer	Job Title	Dates of experience	Number of hours per week
Complete description of duties performed which relate to the out-of-title class.			
Employer	Job Title	Dates of experience	Number of hours per week
Complete description of duties performed which relate to the out-of-title class.			
I hereby certify that all of The above information is Correct.	EMPLOYEE'S SIGNATURE		DATE

Volunteer Services Waiver and Release

The Undersigned, on behalf of himself or herself and his or her estate, successors or assigns hereby waives any right of recovery and releases the City of Baltimore, their officers, officials, employees, volunteers, and agents, from any personal or property liability arising from any injury or death to Undersigned, arising from or out of the Undersigned's activities and participation in volunteer services at the City of Baltimore *[INSERT AGENCY AND DIVISION NAME]*.

Print Name: _____

Signature: _____

Date: _____

For minors under 18 years of age: _____ (printed name) has my permission to accept as assignment as a volunteer for the City of Baltimore.

Signature of Guardian: _____

Date: _____

Sample Memo for Rescission of Vacation, Personal Leave and Comp Time Off

To: [Employee's Name]
From: [Agency Head]
Date: [Date]
Subject: ***Rescission of Previously Approved Leave***

Please be advised that the COVID-19 emergency has caused staffing shortages Citywide. Unfortunately, this means that I must rescind my prior approval of (*date of vacation leave, personal leave, and compensatory time off*) in order to provide staffing coverage.

You may be at or near the maximum accumulation for vacation, personal or compensatory time, and this rescission may result in additional leave earnings being forfeited. A correction may be made to credit you with leave as a result of this action.

cc: Manager/Supervisor
Payroll Clerk

Sample Memo for Sending Symptomatic Employee Home

To: [Employee's Name]
From: [Agency Head]
Date: [Date]
Subject: ***Removal from Workplace-Exhibiting COVID-19 Symptoms***

During the last (*time period i.e. few days, several hours*) I have observed that you appear symptomatic because you are (*list symptoms observed*). I am concerned about your physical well-being as well as that of your co-workers. In light of these concerns, I am sending you home.

You will need to use your sick leave, vacation, personal, or compensatory time off accruals (if available) for your absence. You may request approval for emergency advanced use of sick leave or an unpaid leave of absence if your leave accruals are depleted. When your condition improves, please contact me at (*supervisor's phone number and email address*) and we will discuss your return to work.

cc: Manager/Supervisor
Payroll Clerk

Emergency Advanced Sick Leave Authorization Form

Pursuant to Section 13 of the "City of Baltimore Emergency Response Plan for Human Resources Issues Regarding COVID-19 and Other Catastrophic Events," I understand and expressly agree to repay the advanced sick leave I received from the City during the emergency period declared by Baltimore City. I understand and expressly agree that the City will deduct from any future accumulated sick leave earned until the balance of this advanced leave is repaid.

I further understand and expressly agree that if upon my separation from City government any advanced sick leave balance remains, the City is authorized pursuant to Md. Ann. Code, Labor & Employment Article 3-503(2), to deduct the value of the remaining advanced emergency days from my final payroll check or other monies due and owing.

Agency (name/code): _____ Number of Days Requested: ____ (15 max)

Employee Name (print)

Employee Signature

Date

Approved # of Days Approved _____

Denied

Agency Head Signature

Date