



State of Connecticut Human Resources  
**Temporary Service in Higher Class (TSHC) Request Form**

Form#: P-CB-1  
 Revision Date: 12/2003

Please Indicate:         ORIGINAL                 EXTENSION

**INSTRUCTIONS**

1. Please read Labor Relations Notice 77-14 or Manager's Policy #81-1 (whichever is applicable) before completing this form. Indicate in one box below EITHER the 31<sup>st</sup> consecutive calendar date OR the 31<sup>st</sup> consecutive working date from reassignment date (refer to appropriate Labor Relations contract to determine which applies).
2. Form must be typewritten and signed. Keep a copy for agency files.
3. Form 301 must indicate termination date not to exceed one year from the initial date of payment in the higher class. Extensions will require submission of a new Form 301. For extensions over one year, a new P-CB-1 must be submitted to DAS/HRBC for approval. Termination of service in a higher class must be reported via Form 301 as soon as such service is no longer required.

<i>Requesting Agency</i>	<i>Address (No., Street, City, Zip)</i>	
<i>Employee Name</i>	<i>Social Security No.</i>	<i>Present Class</i>
<i>Class Reassignment</i>	<i>Reassignment Date</i>	<i>Extension Dates (If Applicable)</i> FROM                      TO
<i>Name of Person Replaced</i>	<i>31<sup>st</sup> Consecutive Calendar Date</i>	<i>31<sup>st</sup> Consecutive Working Date</i>
AN EXAMINATION MUST BE REQUESTED IF THIS ASSIGNMENT IS A RESULT OF A PERMANENT VACANCY.	<i>Exam Requested?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**JUSTIFICATION**      Please outline all elements required under Labor Relations Notice 77-14 or Manager's Letter #81-1 (whichever is applicable). Supplementary sheets, in triplicate, may be used to fully describe the situation.

The governing contracts require that this form specify the rights and obligations of the parties under Sections Four and Five. These sections appear below:

**SECTION FOUR**      If on or after the 31<sup>st</sup> consecutive working day of such service the agency has not approved the assignment, the employee, upon request, shall be reassigned to his/her former position, subject to the provisions of Section Five.

**SECTION FIVE**      In the event the agency disapproves the requested assignment on the basis of his/her judgment that the assignment does not constitute temporary service in a higher class, the employee shall continue working as assigned with recourse under the appeal procedure for reclassification but not under the grievance and arbitration procedure. The form certifying the assignment will specify the rights and obligations of the parties under Sections Four and Five.

<i>Signature of Employee Assigned to Work in a Higher Class</i>	<i>Date</i>	
<i>Signature and title of Appointing Authority</i>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<i>Date</i>
<b>Check off here <input type="checkbox"/> Extensions over one year    DO NOT WRITE BELOW – FOR DAS – HRBC USE ONLY</b>		
<i>Signature – HRBC</i>	<i>Date</i>	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

Original- HRBC

Agency Copy

Employee Copy