

Agency: _____

Personnel Area Code: _____

Requested Effective Date: _____

Request Type: New
 Amend

Reason for the request: _____

1. Please provide the requested amount.

\$

- Hourly
 Monthly

- Flat Rate
 Up to

- Applied to: All Hours
 Only Hours Worked

2. Which job titles and/or job series will this Premium Pay Apply to? (include pay levels)

If the premium pay applies to a specific position, please list that position number.

Job Title(s)	Pay Level	Job Title(s)	Pay Level

5. If the Premium Pay is for a certification, please provide the minimum testing, education, or experience required to obtain the certification.

6. If the Premium Pay is for hazardous duties, please describe why these duties are considered hazardous.

7. Additional Information:

PLEASE NOTE THAT THE AGENCY POLICY MUST BE ATTACHED TO THIS DOCUMENT.