

# Request for Premium Pay

Department requesting the premium pay: \_\_\_\_\_

**Type(s) of Premium Pay Requested:**

**Amount:**

Shift 1 (Evening) Differential	\$_____ per hour - <b>OR</b> - _____ % of base rate per hour
Shift 2 (Night) Differential	\$_____ per hour - <b>OR</b> - _____ % of base rate per hour
Weekend Differential	\$_____ per hour - <b>OR</b> - _____ % of base rate per hour
On-Call	\$_____ per hour - <b>OR</b> - _____ % of base rate per hour

Classification(s) (identify title and classification code) to receive requested premium pay:

Reason for requested premium pay:

**If on-call pay is requested, please complete the following:**

- Proposed on-call schedule (days and time):

- Will the on-call employee(s) be restricted to a fixed location? Yes No

If the answer is yes, please explain:

- Will the on-call employee(s) be free to travel anywhere they can be reached by their cell phone, beeper, or other electronic device? Yes No

If the answer is no, please explain:

- Will the on-call employee(s) be called/beeped/contacted, for the most part, at a minimal frequency while on-call? Yes No

If the answer is no, please identify how frequently it is anticipated employees will be contacted while on-call:

- Will the on-call employee(s) be given ample response/travel time if they are required to return to work from wherever they are at the time of the call? Yes No

If the answer is no, please explain:

**Approvals**

	Signature	Date
Departmental		
Vice President or Dean		
HRMD		
Compensation		