REQUEST FOR PREMIUM PAY

Department Requesting the Premium Pay: ___________________________________________________________

<table>
<thead>
<tr>
<th>Type(s) of Premium Pay Requested</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Shift 1 (Evening) Differential</td>
<td>$______ per hour  -OR-  ______ % of base rate per hour</td>
</tr>
<tr>
<td>□ Shift 2 (Night) Differential</td>
<td>$______ per hour  -OR-  ______ % of base rate per hour</td>
</tr>
<tr>
<td>□ Weekend Differential</td>
<td>$______ per hour  -OR-  ______ % of base rate per hour</td>
</tr>
<tr>
<td>□ On-Call</td>
<td>$______ per hour  -OR-  ______ % of base rate per hour</td>
</tr>
</tbody>
</table>

Classification (s) [Identify Title and Classification Code] To Receive Requested Premium Pay:

Reason for Requested Premium Pay:

Continued on Next Page
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:

Departmental Signature __________________________________________ Date _____________

Vice President or Dean Approval ___________________________________ Date _____________

HRS Approval ______________________________________________________ Date _____________

HRS 10/04