

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

HUMAN RESOURCE SERVICES – STAFFING AND COMPENSATION SERVICES DIVISION

REQUEST FOR PREMIUM PAY

Department Requesting the Premium Pay: _____

Type(s) of Premium Pay Requested

Amount

- | | | | | |
|--------------------------|--------------------------------|------------------|-------------|-------------------------------|
| <input type="checkbox"/> | Shift 1 (Evening) Differential | \$_____ per hour | -OR- | _____ % of base rate per hour |
| <input type="checkbox"/> | Shift 2 (Night) Differential | \$_____ per hour | -OR- | _____ % of base rate per hour |
| <input type="checkbox"/> | Weekend Differential | \$_____ per hour | -OR- | _____ % of base rate per hour |
| <input type="checkbox"/> | On-Call | \$_____ per hour | -OR- | _____ % of base rate per hour |

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

Reason for Requested Premium Pay:

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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 _____