PREMIUM PAY
Division of Administration

SECTION: _____

UNIT: _____

Job Title: _____

Position Number: _____ Personnel Area (0107, 804, etc.): _____

Incumbent Name: _____ Personnel No.: _____

Is there an approved premium pay policy for your section? _____ Yes _____ No // Policy No. _____

Hourly Amount of Premium Pay: $ _____

Check one:

_____ Add Premium Pay   Effective Date: _____

_____ Remove Premium Pay   Effective Date: _____

_____ Add Hazardous Pay   Effective Date: _____

_____ Remove Hazardous Pay   Effective Date: _____

_____   _____
Supervisor Signature   Date

_____   _____
Section Head Signature   Date

_____   _____
Appointing Authority Signature   Date

OHR USE ONLY:

Position Attribute Added in LaGov by: _____   Date: _____

Position Attribute Removed in LaGov by: _____   Date: _____

Position Attribute Updated in LaGov by: _____   Date: _____

Incumbent Pay Record Updated in LaGov by: _____   Date: _____