PREMIUM PAY

Division of Administration

Section: _____

Unit or Team Name: _____

Job Title: _____

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

Incumbent Name: _____ Personnel No.:_____

Is there an approved premium pay policy for your section?_____

Hourly Amount of Premium Pay: $ _____

Check one:

_____ Add Premium Pay Effective Date: _____

_____Remove Premium Pay Effective Date: _____

_____ _____

Supervisor signature Date

_____ _____

Section Head signature Date

_____ _____

Appointing Authority signature Date

OHR Use Only:

Position Attribute added / removed by: _____ Date:_____

Incumbent pay record updated in ISIS by: _____ Date:_____

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