ON-CALL PAY REQUEST FORM

Division of Administration

SECTION: _____

UNIT: _____

Job Title: _____

Position Number: _____ Personnel Area (107, 804, etc.): _____

Incumbent Name: _____ Personnel No: _____

Is there an approved on-call policy for your section? ____ Yes ____ No // Policy No. _____

Hourly Amount of On Call Pay: $ _____

Check one:

_____ Add on-call to position Effective Date: _____

_____ Remove on-call from position Effective Date: _____

If request is to add on-call, please include reason why this position requires on-call status:

_____

_____

_____

_____ _____

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: _____