Request for Premium Pay Requirements

Employee's Full Name: _____

Employee's Current Job Title: _____

Last four digits of Employee's Social Security Number: _____

Premium Pay Code: _____

Work Level: _____

Step(s) Requested: _____

Effective Date: _____

Projected End Date: _____

Detailed description of additional duties and responsibilities to be assumed:

_____

_____

_____

_____

*Attach a current organization chart before emailing.

_____   _____
Department Head Signature   Date