

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: _____