



**REQUEST FOR ADDITIONAL PAY
WORKING IN A HIGHER-CLASSIFICATION REQUEST AND CANCELLATION FORM**
(FOR SEIU-REPRESENTED CLASSIFICATIONS ONLY)

Please select the appropriate option based on need:

Pay Establishment

Pay Cancellation

Extension Request

To: Human Resources Business Partner

Department Name:

Department Contact Name/Title:

Employee Name:

Employee's Current Classification:

Previously Authorized Request(s): Effective Date (Start of PP):

Date:

Department ID:

Email Address:

Employee ID:

Current Job Code:

End Date (End of PP):

SEIU MOU 2024-2027 Article 6. Pay Practices, Section 10. Working in a Higher Classification

In accordance with Article 6, Section 10 of the 2024 -2027 SEIU MOU, any employee assigned in writing by a Department Head or designee to perform the duties of a higher classification for the pay period in which the assignment started shall be compensated five- and one-half percent (5.5%) above their base rate of pay, applied on actual hours worked.

This will be effective on the first day of the first full pay period following when the duties are expected to be performed.

Classification aligned with higher level work in Departmental Justification: (Note: Employee must be performing 100% of duties in the higher classification to receive this differential.)

Classification Title:

Job Code:

Department justification as to need for incumbent to perform higher level classification work. In addition, please describe the higher-level duties below:

Attention Departments: Please note – the differential will be cancelled on the specified end date below. If there is a continuing need beyond specified end date, an Extension Request must be submitted timely. If differential is to be cancelled at an earlier date, a Cancellation Request must be submitted.

Requested Pay Period Effective Date (Start of PP):

Expected End Date (End of PP):

Financial Impact Per Pay Period: \$

for

Pay Periods

DEPARTMENT

By signing below, I certify that sufficient funds are available for the current fiscal year.

Department Head or Designee Signature _____ Date

HUMAN RESOURCES BUSINESS PARTNER

The Request is: **Approved** **Denied**

Comments:

HR Business Partner Signature _____ Date

HUMAN RESOURCES DIRECTOR/DESIGNEE

The Request is: **Approved** **Denied**

Comments:

Human Resources Director/Designee Signature _____ Date