

**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:

Date:
Department ID:
Email Address:
Employee ID:
Current Job Code:

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

Employee is performing higher level duties:

100% of the time

More than 50% of the time but less than 100%

Higher Level Classification Title: _____

Higher Level 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: _____