

Request for Shift Differential Pay for Classified Staff

Use this form to document justification of shift differential pay for working shifts for positions not exempt from FLSA overtime provisions, and not published as eligible for shift differential pay.

Employee Name: _____ Employee ID _____

Job Code and Title: _____ Position # _____

Department: _____ Requested Effective Date: _____

Second Shift (4:00pm to 11:00pm). This applies when half or more of the scheduled work hours fall within this time period.

Third Shift (11:00pm to 6:00am). This applies when half or more of the scheduled work hours fall within this time period.

Why is it appropriate for this position to work either second or third shift? (Note, PDQ must reflect shift need).

Immediate Supervisor Approval _____ Date _____

Appointing Authority Approval _____ Date _____

Vice president Approval _____ Date _____

President Approval _____ Date _____