

APPENDIX C: Premium Pay Questionnaire

Agency: _____

Personnel Area: _____

Requested Effective Date: _____

Reason for the Request:

1. Please provide the requested amount. _____

- Hourly Flat Rate All Hours
 Monthly Up to Only Hours Worked

2. Please list all job titles this request will apply to. Include pay levels.

Job Title	Pay Level	Job Title	Pay Level

Which location, office or area will this premium pay apply?:

If the premium pay is for a certification, please provide the minimum testing, education, or experience required to obtain the certification:

If the premium pay is for hazardous duties, please describe why these duties are considered hazardous:

Additional information:
