

**JOB AIDS AND RESOURCES
PREMIUM PAY REQUEST QUESTIONNAIRE**

 *Revised 12/18/14*

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| **Agency:** |       | **Personnel Area Code:** |      |
| **Requested Effective Date:** |       | **Request Type:**  | [ ]  New[ ]  Amend |
| **Reason for the request:** |       |

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| 1. **Please provide the requested amount.**
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| $      | Applied to: | [ ]  All Hours[ ]  Only Hours Worked |
| [ ]  Hourly[ ]  Monthly | [ ]  Flat Rate[ ]  Up to |
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| 1. **Which job titles and/or job series will this Premium Pay Apply to? (include pay levels)*If the premium pay applies to a specific position, please list that position number.***
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| Job Title(s) | Pay Level | Job Title(s) | Pay Level |
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| 1. **Please provide your (voluntary) turnover statistics for the previous 3 fiscal years for each affected job title.**

***Note: Voluntary turnover does not include retirements, promotions, and demotions.*** |
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|  | **20**   | **20**   | **20**   | **Where to?** |
| **Job Title** | # Incumbents | # Vol Sep | Turnover % | # Incumbents | # Vol Sep | Turnover % | # Incumbents | # Vol Sep | Turnover % | # to Private | # to State Agencies |
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| 1. **Which location, office or area will this Premium Pay apply?**

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| 1. **If the Premium Pay is for a certification, please provide the minimum testing, education, or experience required to obtain the certification.**

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| 1. **If the Premium Pay is for hazardous duties, please describe why these duties are considered hazardous.**

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| 1. **Additional Information:**
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**PLEASE NOTE THAT THE AGENCY POLICY MUST BE ATTACHED TO THIS DOCUMENT.**