

**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.** | | | | | | | |
| $ | | | Applied to: | | All Hours  Only Hours Worked | | |
| Hourly  Monthly | Flat Rate  Up to | |
|  | | | | | | | |
| 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.*** | | | | | | | |
| 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.*** | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **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?** | | | | | | | |
| 1. **If the Premium Pay is for a certification, please provide the minimum testing, education, or experience required to obtain the certification.** | | | | | | | |
|  | | | | | | | |
| 1. **If the Premium Pay is for hazardous duties, please describe why these duties are considered hazardous.** | | | | | | | |
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| 1. **Additional Information:** | | | | | | | |

**PLEASE NOTE THAT THE AGENCY POLICY MUST BE ATTACHED TO THIS DOCUMENT.**