



Request for Pay Adjustment

ESSA Exempt Sub/Temp

Employee Name: _____

Employee (F) # _____ Date: _____

Position: _____ Location: _____

Start Date: _____ End Date: _____

ESSA

HR Designated Lead (\$2.00/hour) - Article 7.7(a)(2) Start Stop

Healthcare Worker Oversight (\$4.00/hour) - Article 7.7(c) Start Stop

Working Foreman - Article 7.7(a)(1) Start Stop

Shift Differential - Article 7.10 Start Stop

Temporary Assignment - Article 7.13 (Can be put on temporary assignment after ten continuous work days in a different job classification)

Exempt & Sub/Temp

Special Rate of Pay - Requested hourly rate _____

Account Number: _____

Justification for pay adjustment (required):

Principal/Supervisor **PRINT** Name: _____

Principal/Supervisor Signature: _____ Date: _____

HR Use Only

Request for pay adjustment is:

Approved

Denied

Executive Director of Human Resources signature

Date