

**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).

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Immediate Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

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Appointing Authority Approval \_\_\_\_\_ Date \_\_\_\_\_

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Vice president Approval \_\_\_\_\_ Date \_\_\_\_\_

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President Approval \_\_\_\_\_ Date \_\_\_\_\_