



REQUEST FOR PREMIUM PAY

Date: _____ Time Period Worked: _____

Employee Name: _____

Please print name as it APPEARS ON SOCIAL SECURITY CARD

Banner ID: _____

SHIFT PREMIUM: _____ hours (Code 700)

OVERTIME PREMIUM: _____ hours (Code 400)

HOLIDAY PREMIUM: _____ hours (Code 212)

ON CALL PREMIUM *: _____ hours @ \$2.00/hour (Code 715)

**For Campus Police Only*

ON CALL PREMIUM **: _____ hours @ \$3.00/hour (Code 720)

***For Trades and ITS Only*

I certify that the hours listed above are correct and that I have funds established in my budget account code to pay for this expenditure.

(Supervisor)

(Department Head)

Note: Submit to the Payroll Office no later than the 5th workday of the month

Shift Premium is paid at a rate of 10% of the employee's regular hourly rate.

Overtime Premium is paid at a rate of 150% of the employee's regular hourly rate and includes longevity calculation.

Holiday Premium is paid at a rate of 50% of the employee's regular hourly rate.

On Call Premium is paid at a rate of \$2.00 per hour for Campus Police.

On Call Premium is paid at a rate of \$3.00 per hour for Trades and ITS.