

Shift Differential Payment Form

(This form **must** be completed for any employee who changes shifts for **10** or more consecutive duty days; please see eligibility criteria below. This includes changes in an employee's schedule for the summer.)

Work Location Name: _____

Employee Name: _____

Job Title: _____

Personnel #: _____ or Social Security # (for new employee without PN): ____ / ____ / ____

Effective Date: _____ Add Change Remove

Shift employee will be working (e.g., 3:30 p.m. to 12:00 a.m.): _____

Please select the corresponding shift differential payment requested:

1st Shift (\$ 0.00)

2nd Shift (\$ 0.35) (**must include 4 hours between 4:00 p.m. – 12:00 a.m.**)

3rd Shift (\$ 0.55) (**must include 4 hours between 12:00 a.m. and 8:00 a.m.**)

Submitted By: _____

Supervisor (please print): _____ Title: _____

Supervisor's Signature: _____ Date: _____

For reference:

Name of employee with **same job title** working a **different** shift: _____

Personnel #: _____ Scheduled shift (e.g., 7:30 a.m. – 4:30 p.m.): _____

Eligibility to receive a shift differential is determined using the following criteria, per OESPA Contract, Article XV, I:

- A. An employee's regular scheduled shift must include a minimum of four (4) hours between 4:00 p.m. and 8:00 a.m.
- B. The employee must be in a classified position.
- C. More than one (1) defined shift must be available for the position title (the same title must be assigned to an earlier shift).

Employee's Signature: _____ Date: _____

I understand that I will be receiving an hourly shift differential for working the designated shift (2nd or 3rd) (the amount will be shown on the bottom of my paystub). I also understand that if my shift changes to first shift, I am no longer eligible to receive the differential based on the OESPA contract (Article XV, H).

Please fax this form to Compensation Services at 407.317.3345