

APPENDIX C: Premium Pay Questionnaire

SECTION 1: POLICY INFORMATION			
AGENCY		PERSONNEL AREA(S)	
APPROVAL TYPE	<input type="checkbox"/> NEW <input type="checkbox"/> AMENDMENT		
CATEGORY	Select a Category		
PARAMETER Criteria of Premium Pay (Examples Below)			
Certification – Commercial Driver’s License (CDL); Longevity – 0 to 2 years; Hazardous Duty – Wildfire Detection; Recruitment – Work Location; Unusual Working Conditions – Overnight Travel. If there is no parameter – N/A.			
REQUESTED EFFECTIVE DATE			
AGENCY CONTACT NAME		AGENCY CONTACT NUMBER/EMAIL	

SECTION 2: JUSTIFICATION
Please provide details on the reason for this request. <i>If additional space is needed, the agency may attach a separate document including additional justification/reasoning for the request.</i>

SECTION 3: REQUEST DETAILS							
Please list all job titles for which this request is being made, including all required information in the table below (see example in grey):							
Job Title	Job Code	Parameter	Category	Requested Amount	Check one (1) per column		
					Frequency	Rate Type	Hrs. Category
State Job 1	123456	0 to 2 years	Retention	\$1.00	<input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input checked="" type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked

SECTION 3: REQUEST DETAILS – Continued

Job Title	Job Code	Parameter	Category	Requested Amount	Check one (1) per column		
					Frequency	Rate Type	Hrs. Category
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked
					<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly	<input type="checkbox"/> Flat Rate <input type="checkbox"/> Up To	<input type="checkbox"/> All Hours <input type="checkbox"/> Only Hours Worked

SECTION 4: ADDITIONAL INFORMATION

If the premium pay is for a certification, please provide the minimum testing, education, or experience required to obtain the certification:

If the premium pay is for hazardous or unusual working conditions, please describe why these duties are considered hazardous or unusual:

If the premium pay is for recruitment or retention, please describe the recruiting and retention difficulties that your agency is experiencing.

Any information not mentioned above, please provide the details below:
