



PREPARED BY: _____
DATE: _____

CITY OF VALLEJO

Personnel Action Request (PAR) Form

DIFFERENTIAL PAY AUTHORIZATION

Employee Information

Employee Name: _____ Employee Number: _____

Current Position

Title: _____

Status: _____ Work Schedule: _____

Department: _____ Account Number: _____

Division: _____ Location: _____

Class Code: _____ Range/Step: _____ Hourly Rate: _____

Differential Pay Request and Justification

DIFFERENTIAL PAY REQUEST QUESTIONNAIRE FORM NOT REQUIRED FOR PAID DIFFERENTIALS IN ACCORDANCE WITH THE MOU.

Renewal? YES NO Original Effective Date: _____

Requested Differential Rate: _____ Effective Date: _____ End Date: _____

Comments: _____

Signatures of Approval

Department Head	Signature	Date
Finance Director	Signature	Date
Human Resources Director	Signature	Date
City Manager	Signature	Date

Attachments: Differential Pay Request Questionnaire **REQUIRED** for differentials not included in the MOU. Additional Attachments? YES NO

HUMAN RESOURCES USE ONLY	
Reviewed By: _____	Date: _____
PPE: _____	PR#: _____

FINANCE DEPT. USE ONLY	
Processed By: _____	Date: _____
PPE: _____	PR#: _____

**CITY OF VALLEJO
HUMAN RESOURCES DEPARTMENT
DIFFERENTIAL PAY REQUEST
QUESTIONNAIRE**

The purpose of this questionnaire is to determine an employee's eligibility to receive additional compensation due to performance of duties outside of their current classification to cover for employees who are absent, to fill temporary vacancies, or to take care of unusual conditions or situations. Completion of this questionnaire is required if employee will be performing duties outside of his/her current classification for at least 40 continuous hours and up to a maximum of six (6) months. **Recertification/completion of a new questionnaire will be required if the additional assignment is performed beyond the six-month maximum.**

INSTRUCTIONS: Employee: Complete Sections 1 and 2. Immediate Supervisor: Complete Section 3. After completing Section 3, submit request to Human Resources for review. Human Resources will contact immediate supervisor of the outcome of the request.

SECTION 1: EMPLOYEE INFORMATION

- A. Incumbent's Name: _____
- B. Current Classification Title: _____
- C. Department/Division: _____
- D. Total Length of Time with Organization: _____ (Years) _____ (Months)
- E. Length of Time in Current Position: _____ (Years) _____ (Months)
- F. Telephone Number : _____
- G. Name and Classification of Immediate Supervisor : _____

- H. Telephone Number of Immediate Supervisor: _____

SECTION 2: EMPLOYEE QUESTIONNAIRE

Reason for request for additional compensation: (i.e. to cover for a co-worker who is out for an extended period, workload increase, performance of higher-level duties, performance of duties outside of current classification)

Briefly describe your current classification's job duties and responsibilities:

If you are performing duties other than those of your classification's, please describe these duties and responsibilities and specify higher-level position title, if applicable:

How long have you been performing these duties and responsibilities? _____

Is there anything else you wish to add for consideration?

I certify that the above information is true and correct.

Employee's Signature: _____ Date: _____

SECTION 3: SUPERVISOR'S REVIEW

Did the employee describe the additional duties and responsibilities accurately and fully? Are there duties missing? Are there any duties listed which are not requirements of the employee's current position? What is the anticipated duration of the performance of the additional duties? How much longer do you anticipate performing these duties and responsibilities? What percentage of additional pay are you requesting for the performance of these duties and responsibilities and why? Please comment. (*Do not make comments regarding employee performance; use additional pages, if necessary*).

Supervisor's Signature: _____ Date: _____

SECTION 4: HUMAN RESOURCES REVIEW/RECOMMENDATION

___ Request Approved ___ Workload/special projects/special needs differential of ___%

Effective date: _____ End date: _____

___ Request Denied Reason for denial: _____

___ Request Denied, but employee is eligible for "acting pay" in the position of:

(Position Title)

Salary range/step: _____

Effective date: _____

End date: _____

Signature: _____ Date: _____

Director of Human Resources