PREMIUM PAY
Division of Administration

Section: _____

Unit or Team Name: _____

Job Title: _____

Position Number: _____ Personnel Area (0107, 804, etc.)_____

Incumbent Name: _____ Personnel No.:_____

Is there an approved premium pay policy for your section?_____

Hourly Amount of Premium Pay: $ _____

Check one:

_____ Add Premium Pay   Effective Date: _____

_____Remove Premium Pay   Effective Date: _____

_____ Add Hazardous Pay   Effective Date: _____

_____ Remove Hazardous Pay   Effective Date: _____

_____   _____
Supervisor signature   Date

_____   _____
Section Head signature   Date

_____   _____
Appointing Authority signature   Date

OHR Use Only:	
Position Attribute added / removed by: _____	Date:_____
Incumbent pay record updated in LaGov by: _____	Date:_____

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