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.