# 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***