

**This form must be kept
on file for 5 years for
audit purposes.**

HUMAN RESOURCES ONLY

HR Receipt Date:

Date Transaction Keyed:

Keyed By:

Employee Name:

Classification:

Work Week Group:

Department/Division/Unit:

Note: Arduous work pay may be requested for \$300 per week, up to \$1,200 per pay period, for a maximum of \$4,800 per Fiscal Year. A work-week that overlaps months should be included in the month that the work-week ends.

Amount Requested (per Pay Period)

Prior Requests Made This Fiscal Year?

1. Describe the project/emergency requiring completion of arduous work hours. Include non-negotiable deadline or extreme urgency.

2. Describe the work activities that could not be postponed, redistributed, modified, or reassigned.

3. Describe why the work above could not be postponed, redistributed, modified, or reassigned.

4. Explain why this work could not be performed by FLSA (Fair Labor Standards Act) covered staff.

5. Explain other circumstances that support this pay differential not covered in items 1 through 4.

Dates of actual arduous work during emergency period.

Begin date:

End date:

Number of months Pay Differential requested:

Employee's Name

Branch Manager's Signature:

Branch date:

☐ Branch Approved

☐ Branch Denied

Director's Signature

Director date:

☐ Director Approved

☐ Director Denied

Personnel Officer's Signature

Personnel date:

FOR CALHR USE ONLY

To be used for extensions only. Extensions will be granted only in the rarest of circumstances.

Reason for extension:

Extension time period:

Assurance of closure after extension ends:

Personnel Management Division (PMD) Analyst's Signature

PMD Analyst date:

☐ PMD Analyst Approved

☐ PMD Analyst Denied

Chief, PMD Signature

Chief, PMD date:

☐ PMD Chief Approved

☐ PMD Chief Denied