

Shift Differential Designation Request Form

For Classified Staff

Shift differential pay is additional pay beyond base pay for working shifts. Use this form to document justification of shift differential pay for a position in a class not already designated as eligible for shift differential pay in the state of Colorado compensation plan.

Employee Name:		HRMS Employee ID:	
Job class title:		Department:	
Effective Date:		Position Number:	
ES Reviewer:		Appointing Authority:	

Second Shift (4:00pm to 11:00pm). This applies when half or more of the scheduled work hours fall within this time period.

Third Shift (11:00pm to 6:00am). This applies when half or more of the scheduled work hours fall within this time period.

Why is it appropriate for this position to work either second or third shift?

Why is shift differential pay appropriate for this position?

Appointing Authority Signature

Date

HR Approval

Date