
DIVISION OF HUMAN RESOURCESFresno Unified School District

DIFFERENTIAL PAY REQUEST FORM**Please Check one:** Classified (Differential pay begins **after 5 days**) Management (Differential pay begins **after 10 days**) *Requisition #* _____
Management requests will be processed when requisition is approved and will be retroactive to the first day.

I am hereby requesting differential pay for the following individual who is working in an "acting" capacity.

| | | | |
|-----------------------|--|--------------------------|--|
| Name: | | Employee ID: | |
| School/Dept. : | | Current Position: | |

Please complete the following for the person who is being replaced:

| | | | |
|-----------------------------------|--|------------------------|--|
| Name: | | Employee ID: | |
| School/Dept. : | | Position Title: | |
| Reason Replacement Needed: | | | |

List actual work-days for Differential Pay

(Differential pay begins **after 5/10 days** in the assignment and will be retroactive to the first day)1st Day Worked: _____ To: _____ = _____ Total Days

From: _____ To: _____ = _____ Total Days

Requesting Supervisor's Signature_____
Date_____
Phone

For Human Resources Use ONLY

Present Grade: _____ Step: _____ Daily Rate: \$ _____ x 5% = \$ _____

Differential Grade: _____ Step: _____ Daily Rate: \$ _____ x 5% = \$ _____

DATE _____

OK TO PAY _____

DAYS

REMOVE _____

yes / no

Approval Signature _____ Date _____