

DIFFERENTIAL PAY ELIGIBILITY

1. This form must be attached to the time sheet for the employee to be eligible for the differential.
2. A separate time sheet will be filled out for all hours worked while covering the absence.
3. Substitute teachers are not eligible for the differential.
4. A copy of this assignment must be given to the employee prior to working scheduled absence when applicable.
5. The differential is limited to time periods specified by applicable Agency policies.

Employee Name _____ Position _____

Location _____ Supervisor Name _____

Authorization

I have communicated to and hereby authorize that _____ is eligible for one of the following: Employee Name

			Date(s)
<input type="checkbox"/>	\$1.00	Co-Teacher DPI shift differential	_____
<input type="checkbox"/>	\$1.00	Multi-Site Director shift differential	_____
<input type="checkbox"/>	\$1.50	Supervisory Teacher shift differential	_____

Supervisor Comments:

Approval Signatures

Employee Signature

Date

Supervisor Signature

Date