

## SHIFT DIFFERENTIAL PAYMENT FORM

For Week Ending:

Date Submitted:

(Note: Shift differential is paid for actual hours worked. Please DO NOT submit this form for hours taken as vacation, sick leave, personal leave, compensatory time, holidays, or other hours that you did not actually work.)

Name:

Employee HRCMS ID Number:

DATE WORKED	ACTUAL HOURS WORKED EXAMPLE: 3:30 PM - 11:30 PM	TOTAL HOURS WORKED	FOR PAYROLL USE ONLY

Total Number or Hours Worked:

Date:

Supervisors Signature:

It is **very** important that this form is submitted to the payroll office as soon as your work week is completed. Please return this form to the payroll office signed (no stamped signatures) **every** Friday. All shift differentials are paid biweekly.