

Colorado State University-Pueblo Discretionary Pay Differential Request Form

Please complete this in order to obtain a review and decision for a temporary pay differential for a classified employee. Please read the Discretionary Pay Differential Plan for Classified Employees before completing this form. The plan can be found on the Human Resources Website or obtained from the Human Resources Department.

Date \_\_\_\_\_

Employee Name \_\_\_\_\_ PID \_\_\_\_\_

Employee's job title \_\_\_\_\_ Account Code \_\_\_\_\_

Employee's department or college \_\_\_\_\_

Amount of pay differential requested \$ \_\_\_\_\_ per month.

Date the pay differential begins \_\_\_\_\_ Date the differential ends \_\_\_\_\_

Explanation of duties that employee will be performing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form should be submitted by the Supervisor to the appropriate Department Director or Dean

Supervisor's Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Director or Dean review & recommendation to the Appointing Authority:

\_\_\_\_\_ Approval is recommended  
\_\_\_\_\_ Approval is not recommended

Dean or Department Director's Name \_\_\_\_\_

Signature of the Dean or Department Director \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority's recommendation to the President

\_\_\_\_\_ Approval is recommended  
\_\_\_\_\_ Approval is not recommended

Appointing Authorities should ensure that the information required by the Discretionary Pay Differential Plan for Classified Employees is attached to this form before forwarding it to the President for review.

Appointing Authority's Name \_\_\_\_\_

Signature of the Appointing Authority \_\_\_\_\_ Date \_\_\_\_\_

President's review and decision

Request is approved

Request is denied

President's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Return copy to Human Resources

Form created 6/17/13 – 07/06/18 revisions