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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVAL CERTIFICATION (in order listed):

1. Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Dean or Department Director’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendation to the Appointing Authority:

\_\_\_\_\_\_ Approval is recommended

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

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

3. Budget Office or ORSP (if grant-funded)

\_\_\_\_\_\_ Approved by Budget Office; position is not grant-funded

\_\_\_\_\_\_ Approved by ORSP; position is grant-funded

Signature of Budget Director or ORSP Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Appointing Authority’s recommendation to the President

**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.**

**(cont. on 2nd page)**

\_\_\_\_\_\_ Approval is recommended

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

Appointing Authority’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

5. 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 – 03/08/19 revisions