

Assignment Differential Request

This form is a required document for Assignment Differential ePAF processing. All fields are required. The effective date of this request must be the Sunday following the Agency Appointing Authority approval of ePAF in Edison. If the requesting agency has omitted pertinent information for DOHR to make the appropriate determination, this request may be recycled or returned to the requesting agency for additional information to be submitted before a final determination is made.

***Funding:** An approved F&A Salary Administration Plan must be submitted to DOHR with this request in order to verify funds are available.

Agency		Division / Program Area	
Employee Name		Proposed Effective Date	
Employee ID		Position Number	
Class Code		Current Base Salary (Salary as of Effective Date)	
Class Title		Proposed Salary (Base + Differential)	
Employee Status (Preferred/Executive)		Percentage or Flat Rate Increase	
Pay Plan		Salary Grade	
Salary Range	Minimum	Midpoint	Maximum
Supervisor's Name		Supervisor's Salary	
Supervisor's Class Title		Supervisor's Employee ID	

If this request is based on the incumbent assuming the duties of a previous employee, please provide the following information.

Previous Employee's Name		Previous Employee's Employee ID	
Previous Employee's Class Title		Previous Employee's Salary	

Describe in detail the current duties (not the additional duties) that are assigned to this employee and percentage of time for each duty.

Assignment Differential Request

Describe in detail the proposed additional duties assigned to the employee and percentage of time for each duty.

What are the circumstances leading to this request? (*who was performing these duties, where did that employee go, is this a new program, etc.*)

Why was this employee selected to be assigned these additional duties?

If this employee will not continue to perform any of their current duties, how will the current workload of the employee be covered?

Does this employee meet the minimum qualifications of the classification that they have assumed the duties of?
(For Preferred Service Employees)

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Provide justification on how the proposed salary percentage was selected.

How and when will the situation be resolved?

***Awareness Letter - Please have incumbent sign an awareness letter that they agree that the differential will be removed if they stop performing the additional duties. The awareness letter is required to be attached on the ePAF when keyed.**

Required Documents

**F&A Funding/Salary Admin Plan
Employee Awareness Statement**

Required Signatures

***Electronic signature approval via EPAF is acceptable in lieu of signature on document.**

Agency Human Resources Officer (Director)
(sign and date)

Agency Appointing Authority
(sign and date)

Commissioner, Department of Human Resources
(sign and date)