

ADDITIONAL COMPENSATION

Must print in Black or Blue ink ONLY.

First Name Last Name

Effective Date

Differentials

Differential	Description	EC
	Differential	DifferentialDescriptionImage: ConstructionImage: ConstructionIm

Appointing Authority/Designee Signature (Print & Sign)	Date

Payroll Specialist Verification

Dept ID	Department Name		Company	Union Code	
Rec. No	Position Number	Job Code	Job Code Title	Shift	Standard Hours

Payroll Specialist Name (Print & Sign)	Mail Code	Phone Number	Date

This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

*Any employee who promotes to or who is hired as a Captain, Engineer, or Firefighter Paramedic subsequent to Board approval of the MOU shall not be eligible to receive the Paramedic Pay or the Company Officer Certification Pay.

Keyed By (Employee ID)	Date

DISTRIBUTION: Original - EMACS-HR