

ADDITIONAL COMPENSATION

Must print in Black or Blue ink ONLY.

First Name Last Name

Effective Date

Differentials

| Differential | Description | EC |
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| | Differential | DifferentialDescriptionImage: ConstructionImage: ConstructionIm |

| Appointing Authority/Designee Signature (Print & Sign) | Date |
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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