#### Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.



# **Nurses Certification Pay Request**

(Payroll Adjustment)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name			
Union Code	De	partment	Approved Payment Amount	Effective Pay Period	

Please check one box below:

## **NURSES UNIT (NRE) AND PER DIEM UNIT (NPD)**

This payment requested pursuant to the Differentials and Certification Pay provision Section 11 of the Memorandum of Understanding between California Nurses Association (CNA) Nurses Unit and Per Diem Nurses Unit and County of San Bernardino.

Any nurse who maintains appropriate certifications and is required to regularly administer chemotherapy treatments shall receive certification pay of \$1,000 per year, payable in semi-annual installments. Effective July 16, 2022, the County shall increase the pay to \$1,250, payable in semi-annual installments.

### **SUPERVISORY NURSES UNIT (NRS)**

This payment is requested pursuant to the Differentials provision Section 26 of the Memorandum of Understanding between Teamsters and Supervisory Nurses Unit and County of San Bernardino.

Any Unit Manager, Assistant Unit Manager I, or Assistant Manager II who maintains appropriate certifications and is required to regularly administer chemotherapy treatments shall receive certification pay of \$1,250 per year, payable in semi-annual installments.

Such payments shall be made in the first full pay period in January and July of each year.

I certify that I have verified the employee's eligibility for the Certification Pay.

Payroll Specialist Name (Print & Sign)	Telephone	Date
Appointing Authority or Designee (Print & Sign)	Telephone	Date

#### Office Use Only

PP Begin Date	PP End Date	MCH	Verified By/Date	Keyed By/Date	Reviewed By/Date

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

DISTRIBUTION: Original- Central Payroll (0032) REV. 4/24/2024