



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

SPECIAL ASSIGNMENT COMPENSATION (SAC) EXEMPT

Initiate Extend

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Company	Department Name/Department ID		
Position No.	Job Code	Job Code Title	
Proposed Start Date		Proposed End Date	

Requested Bonus Amount

2½ % 3% 3½ % 4% 4½ % 5% 5½ % 6% 6½ % 7% 7½ %

Justification - List duties beyond those expected of the base classification and the frequency of performance:

Department Head (Print & Sign)	Date
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I agree to perform the duties stated above as well as the duties normally associated with my Job Code Title (classification). I understand that the SAC is temporary for not more than one year. I understand that going on extended leave or failure to achieve work goals will result in review of this assignment. I understand that I cannot be paid for these duties until approved by the Director of Human Resources.

Employee Signature	Date
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Office Use Only
Human Resources Business Partner Review

Recommended Approval Yes No

Comments:

Human Resources Business Partner Signature: _____ Date: _____

Classification Section Review Required For Project Compensation

Approved Recommended Percentage: _____ Effective Start Date: _____ Effective End Date: _____

Comments:

Classification Section Signature: _____ Date: _____

Director of Human Resources (HR) Review

Recommended Approval Yes No

Director of Human Resources Signature: _____ Date: _____

Chief Executive Officer Review (required if Director of HR is appointing authority)

Recommended Approval Yes No

Chief Executive Officer Signature: _____ Date: _____

Earning Code	Effective Date	Addl Seq No.	End Date	<input type="checkbox"/> OK to Pay
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This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Keyed By (Employee ID)	Date
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