



Department of Shared Administrative Services  
 Office of Personnel Management  
**Special Rate of Pay Request**

Date:

Type of Request:

Department:

Division:

Name:

Personnel #:

Business Area:

Current Grade:

Current Salary:

Requested Salary:

Job Title:

Class Code:

Position #:

Last Salary Increase Date:

Type of Last Increase:

Position # being blocked/frozen (for additional duties request only)

Program Responsibilities of Position

Justification (fully explain the request for additional pay - attach additional pages, if necessary)

Department Contact Info:

Name:

Email:

Phone:

***By signing this document, I certify that the employee / applicant has not been promised a specific salary amount and that sufficient department funds are available to support this request without impacting other programs or services. I also acknowledge that funding for this action will not be made available from the Performance Fund.***

Department Secretary/Agency Director

Date

Approve    Deny    OPM Director

Date