

MEMORANDUM

_____ Date

TO: COMPENSATION ADMINISTRATION

SUBJECT: AFSCME SHIFT DIFFERENTIAL SUPPLEMENT

School Loc. Number: _____	School Name: _____
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Emp.#	Employee Name	Action Code	Effective Date	Wage Type Code	Start Time	End Time
_____	_____	_____	_____	_____	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm
_____	_____	_____	_____	_____	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm
_____	_____	_____	_____	_____	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm
_____	_____	_____	_____	_____	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm
_____	_____	_____	_____	_____	_____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____ <input type="checkbox"/> am <input type="checkbox"/> pm

Action Codes:	ADD - Add Supplement DEL - Delete Supplement	
Second Shift	Wage Type 18A1	Full-time permanent and full-time probationary employees, including head custodians, will be eligible for the second shift premium when the start of the shift is 12:30 p.m., or later, but prior to 6:00 p.m.
Third Shift	Wage Type 18A2	Full-time permanent and full-time probationary employees, including head custodians, will be eligible for the third shift premium when the start of the shift is 6:00 p.m. or later, or three hours before the beginning of the normally schedule first day shift.

Please email signed form as a PDF attachment to [Employee Shift Supplement DROP BOX](#).

_____ Principal Signature

_____ Date