

**Arizona State Personnel System
REQUEST FOR SHIFT DIFFERENTIAL**

Agency

Division

Contact Name

E-Mail

Phone

Requested Effective Date

For each classification for which a shift differential is requested, list the job code(s), job title(s), start and end times and shift designation(s). In accordance with Personnel Rule R2-5A-403.B, employees in the same class in the same agency who work on the same shift shall receive the same shift differential pay. Submission of this request certifies that funds are available to implement this request.

Job Code(s)

Job Title(s)

Start Time(s)

End Time(s)

Shift Designation

Signature of Agency
Head or Designee

Date

Route this form through your agency HR office prior to sending to ADOA/HRD

Agency HR Comments and Recommendation

**ADOA CHRO
Signature**

Date

Submit the completed form to the ADOA HRD mailbox at HumanResources@azdoa.gov

FOR ADOA HRD USE ONLY

Approved

Denied

Modified

Effective Date*

ADOA HR Director

*Unless an exception is authorized by the ADOA Human Resources Director or designee, an agency shall not implement shift differential payments prior to the approved effective date.