

STATE OF WYOMING
ADMINISTRATION AND INFORMATION
HUMAN RESOURCES DIVISION

REQUEST FOR NON-BASE PAY ADJUSTMENT

Agency Number/Name: _____ Division: _____ Date: _____

Employee Name: _____ Employee Id Number: _____

Position Number: _____ Class Title: _____ Class Code: _____

Basis of Request: *(For all requirements refer to Chapter 4, Non-Base Pay Adjustments of the State of Wyoming Compensation Policy)*

- | | |
|---|---|
| <input type="checkbox"/> Temporary Time-Limited Duties (Up to \$300.00 per month) | <input type="checkbox"/> Interim Assignment
Pos. Num.: _____ Class Code: _____ |
| <input type="checkbox"/> Specialty Team Adjustments (Up to \$300.00 per month) | <input type="checkbox"/> Certifications (Not to exceed \$300.00) |

Justification: *(Refer to Chapter 4, Non-Base Pay Adjustments of the State of Wyoming Compensation Policy for justification information required.)*

Amount Requested: \$ _____

Effective Date: _____

Expires:

Date: _____

OR

When justifying conditions cease to exist
(Whichever occurs first.)

CERTIFICATION

I certify that the information provided in this document is accurate. I agree to have the adjustment removed when it expires per the State of Wyoming Compensation Policy, or when the conditions justifying it cease to exist, whichever occurs first.

Signature of Agency Head or Designee

Date

Signature of Agency Human Resources Office

Date

FOR COMPLETION BY A&I HUMAN RESOURCES DIVISION

APPROVED **APPROVED AS AMENDED** **DENIED**

Dean Fausset, A&I Human Resources Administrator

Date

Comments: