Wage Differential Request

Employee Name Employee ID Official Position Title Classification Rate of Pay	PCN	Donortmont		
		Department	Effective Date of Wage Di	
All Positions Reporting to Manager which Trigger the Wage Differential:				
PCN Incumbent Employee ID Off	Official Position Title		Classification Rate of Pay	
*Should you require more space than is provided, please attach additional direct reports.				
Departmental Verifications				
A. The following signatures verify and confirm that this is accurate and errors could result in overp	-	_	. •	
salaries associated with this wage differential resulting in the need for the wage differential to st	. •	•		
Requested by/Departmental contact: Departmental contact phone no				
Immediate Manager's Name: Immediate Manager's Signature:				
Director Name: Director Signature:	Director Signature:		Date:	
Send to HRS Service Centre at HRClient ServiceCentre@gov.nl.ca CC: Management employee requiring wage differential				
To be completed by HRS Service Centre, HR Consultant:				
Organizational structure confirmed:				
All positions are officially classified:				
Confirm effective date:				
Not red Circled unless as a result of JES:				
Verified by Human Resource Consultant Name: Signature:		Date:		
Send to Central Payroll				