

PAY DIFFERENTIAL TRANSMITTAL

DPA-742 (REV. 11/2006)



Requesting Agency

Department: _____
Employee Organization: _____
LRD: _____
Other: _____

Type of Pay Differential Request

- Establish Abolish
 Revise Pay Program Review

Reason for Pay Differential (Check all that apply)

- Working Condition Negotiation
 Special Competencies Classification Proposal
 Other (describe) Recruitment/Retention

Class Information

Impacted/Subject Class(es)	Schem Code/Class Code	CBID	# of EES Impacted	Pay Diff Requested	Pay Diff Recommended
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are the subject classes used only by your department?

- Yes
 No If no, provide the other user department(s): _____

Funds

Does request require expenditure of unbudgeted or supplemental funds?

- Yes If yes, attach Form 137
 No If no, explain: _____

Contact Information

_____ () - _____
DPA Contact/Requester Phone Number

_____ Date
Departmental Personnel Officer

For DPA Use Only

Recommendation:

- Denied
 Approved (See "Pay Diff Recommended" column)
 Compelling (Implement now if funds available.)
Effective Date: _____
 Hold for consideration with next pay program.

Analyst: _____
Program Manager: _____
Labor Rel. Officer: _____
Executive Office: _____

Date