

# EMPLOYEE SHIFT DIFFERENTIAL COMPENSATION FORM

Payroll Department Submission Template

## EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Department:

Job Title:

Pay Period Start:

Pay Period End:

## SHIFT DIFFERENTIAL PAY DETAILS

Date	Shift Type (e.g. Night, Weekend)	Hours Worked	Base Hourly Rate	Differential Rate/Premium (+)	Total Shift Differential Pay
Total Differential Hours & Pay:					

## AUTHORIZATION SIGNATURES

Employee Signature Date

Supervisor/Manager Signature Date

Department Head Signature (if required) Date

Payroll Administrator Signature Date

**Instructions for Submission:** Please complete all sections of this form. Ensure appropriate supervisor and department signatures are obtained prior to submitting this document to the Payroll Department. Form must be submitted no later than the cut-off date for the corresponding pay period to prevent delay.

in compensation processing.