



Shift Differential Form

Week Of: _____

Name: _____

Department: _____

	Date	Scheduled Start Time	Hours Of Differential
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total : _____ Hours @ 120% hourly rate

WOIO/WUAB		
ACCOUNT NO.	AMOUNT	
TOTAL INVOICE		
MGR:	DEPT. HEAD:	ACCT:

This submitted information is a true and accurate report of my time worked and attendance during the time period shown.

Signed: _____ Date: _____

Upon mutual agreement; the company, the Union, and the affected employees agree to waive a portion of Article 8, Section 9 regarding start times within the same week that differ by more than 5 hours. The company will pay a 20% increase in base pay plus any applicable overtime pay or short-turnaround pay for all hours on any work day which has/have a starting time of more than 5 hours difference from their other regularly scheduled start times in the same work week.

Fill in the dates, your start times that pay period, and the amount of hours worked that are affected by the differential penalty. Fill in the total number of hours your base pay is affected. All Regular Hours, Overtime, and Short-turnaround during that pay period should be filled out in Movaris.

Print out a copy of your submitted time sheet for the above week, attach to this, and submit to your supervisor.