

TO: (Supervisor)

FROM:

DATE:

RE: ARTICLES 26.000, 26.100, 26.102 (pick appropriate one) SALARY
ADJUSTMENT FOR SPECIAL TEMPORARY WORK LOAD ASSIGN-
MENT

From _____ to _____, inclusive, I performed work normally done by _____ (name of employee who normally performs the work), in addition to my normal workload.

Per Articles 26.000, 26.100, 26.102 (pick appropriate one), I am requesting extra compensation at the rate of _____ (pick appropriate one) per hour for _____ hours.

_____ days × 8 = _____ hours
\$ _____ × _____ hours = \$ _____

If you have any questions, please contact me in writing. Thank you for your prompt attention to this matter.

cc: Union President
Employment & Compensation Services