



SUPERVISORY DIFFERENTIAL ADJUSTMENT REQUEST FORM

Submit this form to Payroll and Personnel Services Division-Controller's Office.

1. _____
(Name of Employee for Whom Sup. Diff. Adj. is being requested)

2. _____
(Class # and Title)

(Department and Division/Bureau/Section)

3. _____
(Employee Organization)

4. Employee's current salary and proposed salary: _____

5. The request for adjustment is based on his/her supervision over the following employee(s) and class(es): (List highest salary first)

| <u>Name of Supervised Employee(s)</u> | <u>Class # and Title</u> | <u>Salary Grade and Biweekly Salary Range</u> |
|---------------------------------------|--------------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Supervisor supervises the technical content of subordinate work and possess the education and/or experience appropriate to the technical assignment.

Yes No Not Required

7. Supervisor has successfully completed his/her probationary period and is assigned to a full-time position.

Yes No Not Required

8. Has the supervisor previously requested a supervisory differential adjustment?

Yes No

If yes, date of request: _____ Was request approved? Yes No



City and County of San Francisco

9. Effective date of this request _____
10. The record(s) supporting this claim is/are the following: (Please attach copies of supporting documentation; do not include class specifications)

APPROVALS

11. The claimed supervisory function as described is factually correct. These duties have been performed and satisfy the relevant provisions of the MOU governing supervisory differential adjustment. Please provide signature and date for the following individuals.

(Employee for Whom the Sup. Diff. Adjustment is being requested)

(Supervisor of the Employee for Whom the Sup. Diff. Adjustment is being made requested)

(Appointing Officer)