

SHIFT DIFFERENTIAL MONTHLY REPORTING FORM

Facility/District/Unit: _____ **Month/Year:** _____

#	NAME	EMPLOYEE ID #	JOB CODE	EVENING HRS.	NIGHT HRS.	ROTATING HRS.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

- Employees are eligible for shift differentials in accordance with OP-110340, Employee Compensation
- The number of hours indicated above must match the total hours recorded on the monthly time/leave sheet for each shift
- **Please fax this form the first working day of the following month to: Payroll Unit, (405) 425-2886.**

STAFF AUTHORIZING PAYMENT*: _____

*Note: If the immediate supervisor is receiving a differential then their supervisor must sign as authorizing payment.