DFW 1076 (NEW 01/07/19)

## **Employee's Statement**

I understand that as a Bargaining Unit 10 employee in a classification that meets the criteria, I will be eligible to receive a monthly Educational Pay Differential. I have presented to my supervisor a copy of my:

Master's Degree from an Accredited Institution (2%)

A Doctoral Degree or a degree of Doctor of Medicine from an Accredited Institution (3%)

And request payment of the education incentive differential pursuant to the Bargaining Unit-10 collective bargaining agreement of Department of Human Resources directive.

Printed Name

SSN (last 4)

Signature

 $\square$ 

Classification

Date

**Position Number** 

Supervisor's Certification		
I received a copy of the	from the above named employee on	
I am familiai	with the requirements for paymer	nt of the educational pay differential described,
in the Unit 10 collective bargaining agree	ement and Department of Humar	Resources directive, and acknowledge that this
employee possess the required degree. I have reviewed, and am satisfied that the document presented to me is a true		
and correct copy of the degree/certifica	te it purports to represent and sati	isfies the requirements of the education pay
differential. Therefore, I certify that the	employee is eligible for the pay di	ifferential of $\Box$ 2% $\Box$ 3% educational pay
differential.		
Printed Name of Supervisor	Title/Classification	
Signature	Date	
Please submit form and attachment(s) to:		
California Department of Fish and Wildlife		
Human Resources Branch		
PO Box 94209		
Sacramento, CA 94244-2090		

Attention: Transactions Unit Analyst