**State of California**

**Department of Fish and Wildlife**

# M e m o r a n d u m

Date:

To:

Personnel Specialist

 Human Resource Branch

 Department of Fish and Wildlife

From: Nicole Gustafson \_\_\_\_\_\_

Staff Services Analyst

Human Resources Branch

Department of Fish and Wildlife

Subject: Canine Pay Differential

 Employee:

The Classification and Pay Unit has received your Affidavit of Eligibility for the Canine Pay Differential. We have determined you are eligible and approved to receive the following:

$357 per month

The effective date for payment is \_\_\_\_\_. If you have any questions, need clarification, or have updated/additional information that affects the payment of this benefit, please contact me at (916) 651-7658

 cc: Program

 Official Personnel File