San Joaquin County

PAY FOR SPECIAL ASSIGNMENT REQUEST FORM FY 2025-2026

For approval for special assignment appointments in accordance with County Policy and/or applicable MOU, this form is to be completed and submitted to the Director of Human Resources for initial review. HR will then forward the request, along with recommendations, to the County Administrator. Note: All special assignment requests as identified in Section 4.2.2. of the M.O.U. or Resolution must receive approval of the County Administrator prior to making a special assignment appointment.

|  |  |
| --- | --- |
| Request Date |  |
| Proposed Effective Date\* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Department |  | Budget Unit # |  |
| Contact Name |  | Phone # |  |

***\* Effective date is subject to completion of HR and County Administrator review and approval determination. Departments should anticipate 7-10 business days for a determination. If you have not received approval from Human Resources, you are not authorized to begin the assignment.***

1. Describe the duties that support the Special Assignment request.

2. What is the anticipated termination date of the Special Assignment?

Note: Requests cannot exceed the end of the fiscal year.

3. Is this an extension for a previously approved Special Assignment? Yes  No

4. What is the name, Emp ID and classification title of the employee selected to receive the Special Assignment supplement?

|  |  |  |
| --- | --- | --- |
| Name | Empl ID | Classification |
|  |  |  |

5. What selection method was used to determine the employee chosen for Special Assignment?

6. Is this request submitted to replace an employee who is currently receiving Special Assignment pay for the same duties?

Yes  No

|  |  |  |
| --- | --- | --- |
| If yes, please complete the following: | | |
| Name | Classification | Delete Date |
|  |  |  |

7. Are there other employees in the Department receiving Special Assignment pay for these same duties?

Yes  No

|  |  |
| --- | --- |
| If yes, please identify the employee name(s) and classification(s) | |
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8. Is it anticipated that a request to reclassify the position will be submitted within the next 6 months? If yes, please explain.

|  |  |
| --- | --- |
| Department Approval: | Date: |

(Signature of Appointing Authority)

For County Human Resources Division Only

|  |  |  |
| --- | --- | --- |
| Date Received: | Reviewed by Analyst:  Reviewed by Supervisor/Principal: | Recommended by: |
| Comments/Concerns: | | |

For County Administrator’s Office Only

|  |  |  |
| --- | --- | --- |
| Date Received: | Reviewed by: | Approved by: |
| Comments/Concerns: | | |

INSTRUCTIONS FOR COMPLETING THE “PAY FOR SPECIAL ASSIGNMENT” REQUEST FORM:

Prior to assigning duties that may result in “special assignment” pay, departments should consult with Human Resources to determine if the duties assigned to an employee are within the scope of the employee’s current job classification. Depending on the additional duties, supplemental pay may or may not be warranted.

If, after consulting with Human Resources, the proposed assignment may warrant special assignment pay, complete the Request for Pay for Special Assignment form and forward it to the Director of Human Resources. The form can be completed and forwarded to the Director of Human Resources by email or a hard copy may be produced and submitted to Human Resources. Email is the preferred method of delivery. Allow 7-10 business days for the evaluation and approval process.

The Request for Pay for Special Assignment will be reviewed by Human Resources. After review, the request will be forwarded, along with recommendations, to the County Administrator for final approval or denial. Human Resources will notify the Department of the final decision regarding the special assignment request.

Pay for Special Assignment Requests require renewal each fiscal year and shall have a start date and a termination date not to exceed the end of the fiscal year. **Requests submitted with a retroactive start date will be rejected and returned to the Department.** Departments are responsible for submitting the appropriate paperwork to remove the special assignment from the employee’s payroll record at the end of the approval period. Requests to extend the special assignment must be submitted prior to the end of the approval period on the same Request for Special Assignment Pay form. All special assignments will terminate at the end of the fiscal year unless the Department has resubmitted the request form to the Director of Human Resources as part of the annual budget process for review and approval.

HR Form: SAP

Created: 03/31/03

Revised: 1/13/2025

Reviewed: xx/xx/xxxx