

**Louisiana Department of Health**  
**Shift Differential Request Form (C. S Rule 6.28)**

**Agency** Choose an office.

**Facility** Choose a facility

**Job titles** Click here to enter text.

**Proposed effective date:** Click here to enter text.

**Current Hourly Rates (if applicable):**

**Requested Hourly Rates:**

**2<sup>nd</sup> Shift (0051)** Click here to enter text.

**2<sup>nd</sup> Shift (0051)** Click here to enter text.

**3<sup>rd</sup> Shift (0052)** Click here to enter text.

**3<sup>rd</sup> Shift (0052)** Click here to enter text.

**Weekend (0053)** Click here to enter text.

**Weekend (0053)** Click here to enter text.

**Weekend 2<sup>nd</sup> (0054)** Click here to enter text.

**Weekend 2<sup>nd</sup> (0054)** Click here to enter text.

**Weekend 3<sup>rd</sup> (0055)** Click here to enter text.

**Weekend 3<sup>rd</sup> (0055)** Click here to enter text.

**Holiday (0056)** Click here to enter text.

**Holiday (0056)** Click here to enter text.

**Holiday 2<sup>nd</sup> (0057)** Click here to enter text.

**Holiday 2<sup>nd</sup> (0057)** Click here to enter text.

**Holiday 3<sup>rd</sup> (0058)** Click here to enter text.

**Holiday 3<sup>rd</sup> (0058)** Click here to enter text.

**Weekend Hol (0059)** Click here to enter text.

**Weekend Hol (0059)** Click here to enter text.

**Weekend Hol 2<sup>nd</sup> (0060)** Click here to enter text.

**Weekend Hol 2<sup>nd</sup> (0060)** Click here to enter text.

**Weekend Hol 3<sup>rd</sup> (0061)** Click here to enter text.

**Weekend Hol 3<sup>rd</sup> (0061)** Click here to enter text.

**Justification (attach additional sheets if necessary):**

Click here to enter text.

**Pay practices of competitive employers, if available (attach additional sheets if necessary):**

Click here to enter text.

**Funds are available for implementation on proposed effective date:** Choose an item.

**REQUESTED BY (APPOINTING AUTHORITY OR DESIGNEE):**

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**Signature**

**Date**

**APPROVED BY (HR DIRECTOR OR DESIGNEE):**

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**Signature**

**Date**