



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

Nurses Certification Pay Request (Payroll Adjustment)

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Department		Approved Payment Amount	Effective Pay Period

This payment is requested pursuant to Differential Section 7 - Certification Pay of the Memorandum of Understanding between California Nurses Association (CNA) Nurses Unit and Per Diem Nurses Unit and County of San Bernardino.

1. Any nurse in the Sheriff's Department who completes the requirements and is assigned and performs work under an advanced standardized protocol in a correction facility shall receive certification pay of \$800 per year, payable in semi-annual installments.
2. Any nurse who maintains appropriate certifications and is required to regularly administer chemotherapy treatments shall receive certification pay of \$700 per year, payable in semi-annual installments.

Such payments shall be made in the first full pay period in January and July of each year.

☐ I certify that I have verified the employee's eligibility for the Nurse Certification Pay.

Payroll Specialist Name (Print & Sign)	Telephone	Date
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Appointing Authority or Designee (Print & Sign)	Telephone	Date
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Office Use Only

PP Begin Date	PP End Date	M20	Verified By/Date	Keyed By/Date	Reviewed By/Date
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DISTRIBUTION: Original - Central Payroll (0032)