CITY OF SAN ANTONIO

Administrative Directive	**AD 4.13D Shift Differential Pay**
Procedural Guidelines	Guidelines to ensure consistent application of shift differential compensation
Department/Division	Human Resources, Classification and Compensation
Effective Date	November 12, 1983
Revision Dates	11/1/91, 10/1/95, October 1, 2008
Project Manager	Dan Williams, HR Administrator Charles Kesl, Sr. HR Analyst

Purpose

The purpose of this administrative directive is to insure a standardization of policy regarding ***shift differential pay***.

Policy

It is the policy of the City of San Antonio's (City) to provide ***shift differential pay*** when applicable, to non-exempt employees.

This directive does not apply to those employees who are defined as exempt under the Fair Labor Standards Act, Chapter 29, Code of Federal Regulations, and Part 553. This directive also does not apply to certified Firefighters or Police Officers governed by collective bargaining agreements.

Policy Applies To

☐ External & Internal Applicants	☒ Current Non-Exempt Temporary Employees
☒ Current Full-Time Non-Exempt Employees	☐ Current Volunteers
☒ Current Part-Time Non-Exempt Employees	☒ Current Grant-Funded Non-Exempt Employees
☐ Current Paid and Unpaid Interns	☒ Police and Fire Academy Trainees

Definitions

Shift Differential Pay	A specified rate of premium pay paid to a non-exempt employee in addition to their regular salary not otherwise compensated by another form of premium pay (i.e. overtime, compensatory time, higher class pay). ***Shift differential pay*** is paid if fifty percent or more of the ***assigned shift*** falls during the hours of 4:00 p.m. to 12:00 a.m. or 12:00 a.m. to 8:00 a.m.

Assigned Shift	A scheduled period of hours assigned to employees during which they are expected to perform assigned duties.
Policy Guidelines	
Rate of Differential Pay	If fifty percent (50%) or more of the employee's ***assigned shift*** falls between 4:00 p.m. and 12:00 a.m. (midnight) the rate of differential pay will be fifty cents ($.50) per hour for all hours worked during that ***assigned shift***. If fifty percent (50%) or more of the employee's ***assigned shift*** falls between 12:00 a.m. (midnight) and 8:00 a.m. the rate of differential pay will be one dollar ($1.00) per hour for all hours worked during that ***assigned shift***. If the employee's ***assigned shift*** overlaps equally the above two scenarios with fifty percent (50%) of the assigned shift in each (e.g. 8:00 p.m. to 4:00 a.m. shift), the ***shift differential pay*** will be one dollar ($1.00) for all hours worked. Shift differential pay is paid only for hours actually worked. Shift differential pay is paid in addition to premium pay worked holidays.
Roles & Responsibilities	
Employees	It is the employee's responsibility to report any discrepancies in pay to their supervisor as soon as the discrepancy is discovered. It is the employee's responsibility to read the administrative directive and sign the attached acknowledgment form. (Attachment A).
Human Resources	The Human Resources Department will be responsible for monitoring this Administrative Directive, providing interpretations and clarifying any regulations.
Departments	Each Department Director shall be responsible for insuring compliance with this policy and maintaining accurate payroll records and employee schedules for all non-exempt employees. Each Department Time Administrator shall use the City payroll/personnel system for record keeping of employee's work schedules, and insure that employee payroll check stubs are accurate.

This directive supersedes all previous correspondence on this subject and replaces Administrative Directive 4.12 Shift Differential Pay. Information and/or clarification may be obtained by contacting the Human Resources Department at 207-8334.

Nikki Ramos
Interim Human Resources Director

9-30-08
Date

Approved by:

Sharon De La Garza
Assistant City Manager

9/30/08
Date

Approved by:

Sheryl Sculley
City Manager

10-1-08
Date

CITY OF SAN ANTONIO

EMPLOYEE ACKNOWLEDGMENT FORM
FOR

ADMINISTRATIVE DIRECTIVE 4.13D
Shift Differential Pay

Employee:

I acknowledge that on _____, 20____, I received a copy of Administrative Directive 4.13D, Shift Differential Pay. I understand if I should have any questions I should contact my Human Resources Generalist.

_____	_____
Employee Name (Print)	Department
_____	_____
Employee Signature	SAP ID #