



## LOCAL 21 EXTENDED RANGES FORM

Employee Name	Employee ID #	Class # and Title
Current Hourly Base Salary (\$xx.xxxx)	Duration of Placement in Extended Range <input type="checkbox"/> permanent <input type="checkbox"/> temporary	Duration of Placement (if temporary) <i>(mo/day/yr through mo/day/year)</i>
Current Step	Proposed Extended Range <input type="checkbox"/> 2.5% <input type="checkbox"/> 5.0% <input type="checkbox"/> 7.5%	Departmental Funds Available?

Department Number, Name and Division

*Please select the applicable justification(s) supporting the request and provide correspondent information in the text box below. Departments are required to clearly articulate a detailed, objective, and factual analysis that supports the rationale for the request.*

*Note that placement in an extended salary range is subject to the approval of the Department of Human Resources, and further subject to certification by the Controller's Office and the Mayor's Office that adequate funding is available.*

Special Skills     Recruitment/Retention     Special Assignment     Performance

Related Information Justifying Placement in an Extended Salary Range

**Please complete this form and submit it to the Compensation Unit of the Department of Human Resources via email to [Steve.Ponder@sfgov.org](mailto:Steve.Ponder@sfgov.org).**