



### REQUEST FOR ADDITIONAL COMPENSATION

Please fill out the following information and forward to Finance/Payroll.

This form is to be used for approved programs of additional pay to an employee (holiday differentials, PRN visits, extra meetings, jury duty, bereavement, or incentive pay). If "Other" section is completed, signature of VP and CEO is mandatory.

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Service Line:

- Island Health Care
- Island Hospice
- Independent Life at Home
- Ideal Aging
- RightHealth®
- THA Services

Community Office:

- Beaufort
- Bluffton/HHI
- Skidaway/RH
- Statesboro
- Perry Street
- W Savannah (Pooler)

<b>Holiday Visits</b>	
Date: _____	Number of Scheduled Visits: _____

<b>PRN Visits</b>	
Date: _____	Number of PRN Visits Requested: _____
Reason:	

<b>Other</b>	
Date: _____	
Reason:	

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO

\_\_\_\_\_  
Date