Pursuant to 101 KAR 2:034, Section 9, an appointing authority may request the Secretary of the Personnel Cabinet to authorize the payment of a locality premium for an employee who is regularly, temporarily or intermittently assigned to work in a job classification, work county, and organizational unit where the agency can demonstrate sustained recruitment and retention issues impacting the mission of the agency. The secretary may rescind authorization to pay a locality premium for a job classification at any time.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **--- TO BE COMPLETED BY THE REQUESTING AGENCY ---** | **Part 1: The following section should be completed by the agency’s HR office.** | | | | | | | | | | | | | | | | | | | |
| Cabinet Name: | | |  | | | | | | | | | | | Cab/Dept #: | | | | |  |
| Department Name: | | | |  | | | | | | | | | | | Org #: | | | |  |
| Division Name: | | | |  | | | | | | | | | | | Org #: | | | |  |
| Office Name: | | | |  | | | | | | | | | | | Org #: | | | |  |
| Branch Name: | | | |  | | | | | | | | | | | Org #: | | | |  |
| Section Name: | | | |  | | | | | | | | | | | Org #: | | | |  |
| Unit Name: | | | |  | | | | | | | | | | | Org #: | | | |  |
| Job Classification (only one per request): | | | | | | | |  | | | | | | | | | | | |
| Job #: |  | | | | | | | | | | Work County: |  | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| Count of employees within this org and job classification at time of request. | | | | | | | | | | | | |  | | | | | | |
| Effective Date of Revocation: | | | | | | |  | | | | | | | | | | | | |
| Request Prepared By: | | | | | |  | | | | | | | | Date: | | |  | | |
| Contact #: | | | | |  | | | | | | | | | | | | | | |
| **Part 2: The following section should be completed by the agency’s appointing authority.** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  |  | | | | | |  | |  | | |
| Printed Name of Appointing Authority or Designee | | | | | | | | |  | Signature of Appointing Authority or Designee | | | | | |  | | Date Approved | | |
| **Completed requests should be submitted via Business Request, selecting category:  Request Locality Premium (revoke)** | | | | | | | | | | | | | | | | | | | | |
| **NEXT STEPS: Approval/Denial will be communicated via Business Request.** | | | | | | | | | | | | | | | | | | | | | |
| **If approved, REQUESTING AGENCY must complete the following:**   * Instructions for Processing an Approved Locality Premium Revoke, available on the HR website under [Resources/Class & Comp-Premiums](https://hr.personnel.ky.gov/Pages/CC.aspx). * Proper notice shall be provided to impacted employees informing them of the effective date of the change. It should further remind them that a locality premium is not a part of base pay or wages. | | | | | | | | | | | | | | | | | | | | | |