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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **--- TO BE COMPLETED BY THE REQUESTING AGENCY ---** | **STEP 1: The following section should be completed by the agency’s HR office.** | | | | | | | | | | | | | | | | | | | | | | | |
| Cabinet Name: | | | | | | |  | | | | | | | | | | Cab/Dept#: | | | |  | | |
| Department Name: | | | | | | |  | | | | | | | | | | Org #: |  | | | | | |
| Office Name: | | | | | | |  | | | | | | | | | | Org #: |  | | | | | |
| Division Name: | | | | | | |  | | | | | | | | | | Org #: |  | | | | | |
| Branch Name: | | | | | | |  | | | | | | | | | | Org #: |  | | | | | |
| Section Name: | | | | | | |  | | | | | | | | | | Org #: |  | | | | | |
| Unit Name: | | | | | | |  | | | | | | | | | | Org #: |  | | | | | |
| Job Classification (only one per request): | | | | | | | | |  | | | | | | | | | | | | | | |
| Job #: | | | | | |  | | | | | | | Work Week: | | |  | | | | | | | |
| Pay Grade: | | | | | |  | | | | | | | Work County: | | |  | | | | | | | |
| Count of employees within this org and job classification at time of request: | | | | | | | | | | | | | | | | |  | | | | | | |
| Amount Requested: | | | | | | | Percentage =      % or  Flat rate = $  *NOTE: Flat rate should not exceed 2 decimal places*  *NOTE: Approved premiums are not a part of base pay, nor should premium be applied to leave hours.* | | | | | | | | | | | | | | | | |
| Justification: | | | | | *Provide written justification in addition to reviewing/completing criteria as listed below.* | | | | | | | | | | | | | | | | | | |
| Consideration generally consists of the following criteria being applied over the previous 12 month period. If either or both do not apply, additional justification within the “Remarks” is required to support the request. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Agency has been consistently appointing, promoting, and reclassifying employees above the minimum salary. | | | | | | | | | | | | | | | | | | | | |
|  | | | Annual turnover has exceeded 25%. | | | | | | | | | | | | | | | | | | | | |
| Remarks: | | | |  | | | | | | | | | | | | | | | | | | | |
| Requested Effective Date (1st or 16th of the month): | | | | | | | | | | | |  | | | | | | | | | | | |
| Request Prepared By: | | | | | | | |  | | | | | | | | | On: | |  | | | | |
| Contact #: | | | | | | |  | | | | | | | | | | | | | | | | |
| **Step 2: The following section should be completed by the requesting agency’s budget office.** | | | | | | | | | | | | | | | | | | | | | | | |
| Based on calculations from the previous year the estimated cost of applying this locality premium is $     .  As a result of that estimate, this request is  APPROVED /  DENIED for further consideration by the appointing authority. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | | | | | |  |  |
| Printed Name of Agency Budget Officer | | | | | | | | | |  | Signature of Agency Budget Officer | | | | | | | | | | |  | Date |
| **Step 3: The following section should be completed by the agency’s appointing authority.** | | | | | | | | | | | | | | | | | | | | | | | |
| With approval, we will take the necessary steps to apply this premium accordingly. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | | |  |  | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | |
| **\_\_TO BE COMPLETED BY THE PERSONNEL CABINET\_\_**  **Next Steps: Approval/denial will be communicated via business request.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Request for Locality Premium is:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Denied**  **Approved: Effective date of approved premium:** | | | | | | | | | | | | | | | | | | | | | | |
| **By:** | | | **Mary Elizabeth Bailey, Secretary**  **Personnel Cabinet** | | | | | | | | | | | | **On:** |  | | | | | | | | |
| **If approved, REQUESTING AGENCY must complete the following:**   * Pursuant to 101 KAR 2:034, Section 9, this premium shall apply to all employees in the above job classification, work county, and organizational unit for which the locality premium has been approved. Please refer to the procedure document entitled, Instructions for Processing an Approved Locality Premium, 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 and reminding them that it can be rescinded at any time. The notice should further inform them that it is not a part of their base pay or wages. * An employee shall not receive a locality premium after transfer, reclassification, reallocation, detail to special duty, promotion or demotion to a position in a job classification, organizational unit, or work county that is ineligible for a locality premium. | | | | | | | | | | | | | | | | | | | | | | | | |