

Appendix M

Worksheet for Federal Wage System Special Rates

Each agency must complete a separate worksheet. The lead agency must complete an aggregate worksheet if two or more agencies are covered by the request. (Attach a separate sheet if more room is required for any of the tables in the worksheet. A formal agency request for special rates will consist of this worksheet plus a brief narrative statement covering additional documentation required by Subchapter S12-5d(1)(c).

I COVERAGE

A. OCCUPATION(S) DIRECTLY COVERED: Enter the occupation series code for each occupation to be covered by this request.

Pay Plan & Series & Grade(s)	Job Title and Specialization (If Applicable)	Pay Plan & Series & Grade(s)	Job Title and Specialization (If Applicable)

B. OCCUPATION(S) INDIRECTLY COVERED: Enter data for affected leader or supervisory positions.

Pay Plan & Series & Grade(s)	Job Title and Specialization (If Applicable)	Pay Plan & Series & Grade(s)	Job Title and Specialization (If Applicable)

C. FEDERAL AGENCIES/FACILITIES: Name each agency/facility that has positions to be covered by this request.

Name of Agency/Facility	Address	County*/Parish	Contact's Name, Title, & Phone (Include Area Code)

* In New England, minor civil divisions should also be listed in the county column.

