



Classification & Compensation

City and County of San Francisco
Department of Human Resources

LOCAL 21 EXTENDED RANGES FORM

Employee Name	Employee ID #	Class # and Title
Current Hourly Base Salary (\$xx.xxxx)	Duration of Placement in Extended Range	Duration of Placement (if temp) (mo/day/yr through mo/day/year)
	<input type="checkbox"/> permanent <input type="checkbox"/> temporary	
Current Step	Proposed Extended Range (10% & 12.5% for classes 1044/1054 only)	Departmental Funds Available?
	<input type="checkbox"/> 2.5% <input type="checkbox"/> 5.0% <input type="checkbox"/> 7.5% <input type="checkbox"/> 10.0% <input type="checkbox"/> 12.5%	
Department Number, Name and Division		
<p>Please select the applicable justification(s) supporting the request and provide related information. Departments are required to clearly articulate a detailed, objective, and factual analysis that supports the rationale for the request.</p> <p>Further, departments must evaluate the compensation of other employees in the same classification performing the same work. Such employees should only be paid differently if it can be validated by one of more of the following business related reasons:</p> <ul style="list-style-type: none"> • Performance/ merit • Education/ training • Experience • Seniority 		
<input type="checkbox"/> Special Skills <input type="checkbox"/> Recruitment/Retention <input type="checkbox"/> Special Assignment <input type="checkbox"/> Performance		
Related Information Justifying Placement in an Extended Salary Range		

DHR has delegated its approval authority to Departments so please submit this form to Department HR rather than DHR