



CITY OF CORPUS CHRISTI CITY AUDITOR'S OFFICE CERTIFICATION INCENTIVE PAY REQUEST FORM

Employee Name:	ID No.:
Phone:	Division:
Job Class/Title:	Supervisor's Name:

Certification/Examination: List of those for which you are applying for certification pay. Include the certificate date and attach a copy of the certificate for each certification/examination.

Certification Name	Certification Date

I have read and understood the City Auditor's Office's Certification Pay Policy. I have attached a copy of the certification/examination certificate with the Pay Request Form.

Employee Signature: _____ **Date:** _____

City Auditor's Office Approval

Supervisor's Signature: Date: Approved: Yes ☐ No ☐	Director's Signature: Date: Approved: Yes ☐ No ☐
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Human Resources Use Only

Date Application Received:	By:
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