



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

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

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

<b>Supervisor's Signature:</b> <b>Date:</b> <b>Approved: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Director's Signature:</b> <b>Date:</b> <b>Approved: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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### Human Resources Use Only

<b>Date Application Received:</b>	<b>By:</b>
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