

Compensation Adjustment Request Form



EMPLOYEE INFORMATION

Employee Name: _____
Last First Middle

Campus-Wide ID: _____ Today's Date: _____ Date of Hire: _____
Original

Current Position Title and Department: _____ Proposed Position Title and Department: _____

HRS Working Title Last _____ If applicable _____

Performance Review Score _____ Date Last Review: _____ Percent Last Increase: _____ Date of Last Increase: _____

ADJUSTMENT INFORMATION

New Hire Above Range	Internal Transfer	Equity Adjustment	Position Reclassification	Promotion	Demonstrated Proficiency Increase
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For new hires/promotions, do you plan to do a 90-day demonstrated proficiency increase? (Up to 5%) Yes No
 Reason for Pay Adjustment: _____

NOTE: Attach supporting documentation, i.e. performance reviews, position description, career development plans, etc.

ADJUSTMENT DETAILS

Current Salary: _____ Proposed Salary: _____
Annual Annual

Effective Date: _____ Percent Increase: _____ Hiring Range: _____

MARKET AND EQUITY REVIEW (HR USE ONLY)

Is proposed change justified by market and equity data?

Internal Equity	Yes	No
External Market	Yes	No

HR Reviewer: _____

Analysis Date: _____

HR Analysis Attached

SIGNATURES

Supervisor/Manager: _____ Date: _____

Director: _____ Date: _____

Chief Facilities Officer: _____ Date: _____

Chief HR Officer: _____ Date: _____

Sr VP, Administration & Finance: _____ Date: _____