



Staff Personnel Salary Adjustment Form

The primary purpose of this document is to encourage effective workforce planning, open communication, and appropriate checks **PRIOR TO** making any salary adjustments.

This form is used when a salary increase or decrease is required for a current permanent employee.

REMINDER: No employee should be notified of a salary adjustment until this process is completed, signatures obtained, and form returned to University Human Resources.

STEP ONE: Justification of Salary Adjustment (Summary is required as a first step of this process)

Attach a summary of the review which has been conducted to explore the necessity of the proposed adjustment and why it is mission essential.

STEP TWO: General Information

Employee: _____

Position Title: _____

Department/Division Name: _____

This is a request for an hourly wage increase (non-exempt).
Current hourly rate: _____ Proposed increased hourly rate: _____

This is a request for an annual salary increase (exempt).
Current annual rate: _____ Proposed increased annual rate: _____

What is the projected effective date for this adjustment? _____

Name and title of direct supervisor:

Name: _____ Title: _____

STEP THREE: Position Description Changes

Any changes to the functions of a position which accompanies the salary adjustment must be reflected in a revised job description. The supervisor's signature and date, as well as UHR's approval signature and date, on the job description are required. ADA guidelines and required format resources are available on the University Human Resources Website to assist in this important aspect of the hiring process.

Are changes being made to employee's position description? If yes, it must be attached.

Yes No

STEP FOUR: Budget Information

Has University Human Resources approved the market range for salary?

Yes No Recommended Market Range \$ _____ (min) to \$ _____ (Max)

Has the Budget Director confirmed a budgeted amount exists or that one has been approved for the adjustment?

Yes No

\$ _____ *Existing* budgeted wage/salary for this position

If the proposed amount exceeds the approved budgeted amount, what is your plan to cover the difference? _____

General Ledger plus Detail Number from which this salary is to be paid: _____ - _____

Dept. GL#

Detail #

THE SIGNATURES IN STEPS FIVE THROUGH NINE MUST BE OBTAINED IN ORDER AS LISTED.

STEP FIVE:

Department Head Signature: _____ **Date:** _____

STEP SIX: (For Academic Divisions Only)

Dean of School Signature: _____ **Date:** _____

STEP SEVEN: (Signature indicates a review, as outlined in STEP ONE above, has been conducted and a summary is attached.)

VP Signature: _____ **Date:** _____

STEP EIGHT:

Budget Director Signature: _____ **Date:** _____

Comments:

STEP NINE:

University Human Resources Signature: _____ **Date:** _____

Comments:

UNIVERSITY HUMAN RESOURCES USE ONLY

Position Code _____

Salary/Wage _____

Effective Date _____