



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. The President's approval is required for all salary adjustments.

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. Explain the reasoning behind the salary adjustment (i.e. merit based, increased responsibility, change in position description).

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)

Does a budgeted amount exist or has one has been approved for the adjustment?

☐ Yes ☐ No

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

\$ _____ **Intended starting** 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/School: _____ Date: _____

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

VP Signature: _____ Date: _____

STEP SEVEN:

Budget Director Signature: _____ Date: _____

Comments:

STEP EIGHT:

University Human Resources Signature: _____ Date: _____

Comments:

STEP NINE:

President Signature: _____ Date: _____

Comments:

UNIVERSITY HUMAN RESOURCES USE ONLY

Position Code _____

Salary/Wage _____

Effective Date _____