

# Compensation Adjustment Request Form



## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
 Last First Middle

Campus-Wide ID: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position Title: \_\_\_\_\_ Proposed Position Title: \_\_\_\_\_  
 HRS Working Title If applicable

Last 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 |
|----------------------|-------------------|-------------------|---------------------------|-----------|-----------------------------------|

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: \_\_\_\_\_

## MARKET AND EQUITY REVIEW (HR USE ONLY)

Is proposed change justified by market and equity data?

|                 |     |    |                      |
|-----------------|-----|----|----------------------|
| Internal Equity | Yes | No | HR Reviewer: _____   |
| External Market | Yes | No | Analysis Date: _____ |

HR Analysis Attached

## SIGNATURES

Supervisor/Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

Department VP/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Provost: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Academic only)

Chief HR Officer: \_\_\_\_\_ Date: \_\_\_\_\_

VP of Administration & Finance: \_\_\_\_\_ Date: \_\_\_\_\_