

# Compensation Adjustment Request Form



## EMPLOYEE INFORMATION

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

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

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	HR Reviewer: _____
External Market	Yes	No	

Analysis Date: \_\_\_\_\_

HR Analysis Attached

## SIGNATURES

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

Dept VP/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Sr VP, Administration & Finance: \_\_\_\_\_ Date: \_\_\_\_\_