

Staff Compensation Review Request

Instructions:

1. This form is to be completed by the supervisor or manager (NOT the employee).
2. The following must be attached to this form:
 - a. A current position description and if applicable, the proposed position description(s) with highlighted changes;
 - b. Current (within the last 12 months) evaluation(s) for the review;
 - c. An affirmative statement that the requesting division, department, or college is able to cover the requested increase with their existing budget and will not add to its subvention or support unit budget.
3. After signatures by the Supervisor/Manager and Department Head/Chair/Dean are obtained, this form and supporting documentation should be routed to the Vice President that oversees the department. If approved, this form and supporting documentation will be provided to Human Resources.

Position #: _____ **Current Job Code:** _____

Position Title: _____

Employee Name: _____ **Empl ID:** _____

Dept #: _____ **Department Name:** _____

Current Funding Source: _____ **Current Budgeted Salary:** _____

Type of Salary Review: Market Equity Responsibility New Position

*See salary review request procedure for definitions.

Approval of the review does not mean approval of the recommended salary increase

Signature of Supervisor/Manager: _____

Signature of Department Head/Chair/Dean: _____

Signature of Vice President (or designee): _____