



### Compensation Changes

Employee Name: \_\_\_\_\_ Employee UIN: \_\_\_\_\_

Current Classification: \_\_\_\_\_ Supervisor: \_\_\_\_\_

College/School/Division: \_\_\_\_\_

#### Employee Compensation Details

Position ID & Title: \_\_\_\_\_

Current Monthly/Hourly Rate: \_\_\_\_\_ Proposed Monthly/Hourly Rate: \_\_\_\_\_ Percent Increase: \_\_\_\_\_

Costing Allocation: \_\_\_\_\_ Proposed Effective Date of Increase: \_\_\_\_\_

#### Action Type Requested:

- Counter-Offer - *attach offer letter*
- Hiring Salary Adjustment – *provide justification in box below (cannot be performance based)*
- Job Related Skills Enhancement Pay – *attach a signed degree verification form.*
- Out of Cycle Merit (Anything other than a 9/1 effective date) – *provide justification in box below*
  - One-Time Payment
  - Merit Raise (add to base)
- Temporary Salary Increase

Position ID & Title of Vacant Pin: \_\_\_\_\_ End Date: \_\_\_\_\_

- Market Adjustment – *only after approved review by HROE’s Classification and Compensation. Attach verification of review.*
- Equity Adjustment - *only after approved review by HROE’s Classification and Compensation. Attach verification of review.*
- Other Salary Adjustment – *please provide as much detail about the requested adjustment in the box below.*

#### Internal Justification/Additional Information (please attached additional pages as needed)

#### Approval and Review Signatures

By signing below, the individual attest that the information on this form is accurate and in compliance with the university rules, procedures, and guidelines.

Finance Review:

Print Name	Signature	Date

Department Head Approval:

Print Name	Signature	Date

HROE HUB Review:

Print Name	Signature	Date

Dean/Vice President Approval (or designee)

Print Name	Signature	Date

VP-HROE Approval (or designee) as needed:

Print Name	Signature	Date