



Compensation Changes - PILOT Use Only

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