



Employee-Initiated Exempt Compensation Review Request Form

Complete this form to request a review of your position and salary. Forms may be submitted to HR after supervisor review or at the same time as providing to the supervisor.

EMPLOYEE INFORMATION

Name:	Title:
Department:	Supervisor Name:
Current Salary Grade:	Number of FT direct reports:
Current Base Salary:	Number of PT direct reports:

POSITION & REQUEST INFORMATION

Justification: *Describe the reason and rationale for the pay adjustment request.*

Are there duties that have changed since your position was last reviewed?

Yes

No

If yes, please explain duties that have changed:



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If you have a proposed salary in mind, please indicate the proposed amount and provide justification for the amount. Amount: \$

Justification:

Employee Signature:

Date:

SUPERVISOR SECTION

This section is to be completed by the supervisor. Please select whether you agree or disagree after reviewing the employee-initiated compensation review request form and position description.

Yes; I am in agreement and fully support the employee's request for a salary adjustment.

No; I do not agree with all or some portions of the salary adjustment request for the employee.

Please provide a brief explanation of your selection above.

Do you agree with the proposed salary change amount? Why or why not? If not, is there another salary amount you would like proposed?



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Internal Considerations: *If the request is approved, will it impact other current employees or comparable position's salaries? If yes, please describe.*

Anything else you want us to consider in reviewing this salary adjustment request?

Supervisor Signature:

Date:



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ADMINISTRATOR ACKNOWLEDGEMENT

This section is to be completed by the respective Vice President. Please select whether you agree or disagree after reviewing the employee-initiated compensation review request form.

Yes; I am in agreement and fully support the employee's request for a salary adjustment.

No; I do not agree with all or some portions of the salary adjustment request for the employee.

Please provide a brief explanation of your selection above.

Anything else you want us to consider in reviewing this salary adjustment request?

Vice President Signature:

Date:

HUMAN RESOURCES ONLY

Approved

Disapproved

Salary outcome:

Effective Date:

HR Signature:

Date: