



Supervisor-Initiated Exempt Compensation Review Request Form

Supervisors should use this form to request a change to an exempt employee's compensation. A current position description (PD) or PD outlining *new* duties must be attached to this form. Be sure to identify which duties are new. Completed forms require review by the respective Vice President before submitting to HR for review.

SUPERVISOR INFORMATION

Requestor Name:

Requestor Title:

Department:

INCUMBENT INFORMATION

Employee Name:

Current Salary Grade:

Current Title:

Current Base Salary:

Department:

Number of FT direct reports:

Years in position:

Number of PT direct reports:

COMPENSATION REQUEST

Proposed Title (if different):

Proposed Base Salary:

Proposed % Change:

Reason for Requested Change (check all that apply):

Retention

Performance/proficiency

Changes to position (added duties, increase in direct reports, increased responsibility, etc.)

Perceived change in market

Other (please specify)

Justification: *Briefly describe the reason for the pay adjustment and rationale of the specified amount.*

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

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 supervisor-initiated compensation review request form and position description.

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

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

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: