

Additional Pay Adjustment Request Form

Last Name		First Name	
Position title		Job Code	
Proposed Effective date of increase			
Current Salary	Proposed Salary	Amount of Increase	Percent Increase
College		Department	
Contact Person		Contact Phone#	

Check the box below and attach appropriate supporting documentation, including letter of justification to this form:

- Additional responsibilities have been assigned to the position but are not significant enough to justify a reclassification. This request requires a revised position description and signature of employee in section below labeled *Salary Agreement for Increased Responsibility*.
- Market conditions discovered by either a verified external offer to an employee or by a wage and salary market survey performed by Human Resources and Employee Development. Attach market data.
- Completion of specialized education or training or experience has added productivity or capability to the completion of duties and was not considered in the initial rate or pay or the merit increase process. Include verification of completion.
- Human Resources and Employee Development has determined that salary compression (where the salaries of employees are too close together) or inversion (when newly hired employees are paid more than the senior employee) has caused a pay disparity. Include salary data information.
- Superior performance by the employee, including both quality and/or quantity of work performed which was not considered in the merit increase process. Attach letter of justification with explanation.

Signature Approval

Human Resources Pre Review
Supervisor/Department Head/Chair
Dean/Director
Vice President
President
Human Resources Post Review

For those situations involving increased responsibilities please have employee sign and date the section below after approval by President. Note: no commitment is made until final approval by Human Resources and Employee Development is received.

Salary Agreement for Increased Responsibility

The employee's signature verifies agreement to the following statement and is required prior to the implementation of an additional pay increase for increased responsibilities:

I understand and agree that the increased responsibilities may be removed at any time by the university at its sole discretion. I further understand and agree that if the university removes the responsibilities or increased volume within the same unit that added these responsibilities, that my base salary will be decreased by the amount listed above as "Amount of Increase" without further notice. I voluntarily agree to this salary reduction and further understand that it is not a disciplinary action and it cannot be grieved.

Employee Signature/Date