

Compensation Adjustment Form

Employee N	Name		
Title	Department		
Current Sal	ary/Hourly Rate		
Proposed E	ffective Date Propose	ed Salary	
Funding S	Source (Cost Center, Designated Gift or	Percentage Allocated	
	ase Salary Increase (15% limit for classified staff) Adjustment		
□ Cha	ange in Duties/Responsibilities		
□ Ne	w Degree/Certification		
□ Inte	ernal Salary Alignment		
□ Co	Counter Offer (written offer MUST be attached)		
□ Spe	ecial Project		
□ Ter	mporary Pay		

Justification	
Please provide details regarding the adjustment (i.	e., the additional duties being assumed, the new
degree or certification and how it will help the dep	partment, the priority to the institution, etc.).
:	
Required Approvals	
Supervisor/Department Head	Date
Vice Chancellor	Date
Human Resources	Date
Budget Office	Date
Chancellor	Date

Compensation Adjustment Form Instructions

- This form is to be used for full-time (either exempt or non-exempt) STAFF employees only.
- This form must be used for adjustments to an employee's base pay OR for a one-time bonus.

Instructions

- 1. Complete the following fields on the form: Employee Name, Title, Department, Current Salary or Hourly Rage, Proposed Effective Date (must be the beginning of a pay period), and Proposed Salary (only if an adjustment is being made to base pay).
- 2. Enter the funding source(s) and the percentage of salary paid from each source.
- 3. Enter either the bonus amount or the amount for the base salary increase. Please note the following limits:

	Classified Staff	University Staff
Bonus	\$5000/ fiscal year	Greater of \$5000 or 10% of base salary/fiscal year
Base Salary Adjustment	No official limit – discuss with VC and HR for guidelines	15% limit

- 4. Identify the reason for the adjustment and provide further details in the justification section.
- 5. Obtain the appropriate approvals in the order listed on the form.