



Office of Human Resources

Employee Compensation Adjustment Request Form

Use for a base salary or hourly rate adjustment, temporary pay, one-time bonus, counteroffer, special project pay, or another compensation action. Department and division approvals are completed first, followed by Budget Office review, Human Resources review, and Vice Chancellor for Human Resources approval. In some instances, Chancellor approval may also be required.

1. REQUEST INFORMATION

Employee Name		Department / Unit	
Requesting Supervisor		Responsible Vice Chancellor	
Current Title		New Proposed Title (if applicable)	
Current Salary / Rate		Proposed Salary / Rate	
Proposed Effective Date		Proposed Increase Amount or %	
Temporary Pay Start Date (if applicable)		Temporary Pay End Date (if applicable)	
Employee Category	☐ Faculty ☐ University Staff ☐ Classified Staff ☐ Wage ☐ Temporary		
Adjustment Type	☐ Base Salary / Rate Increase ☐ One-Time Bonus ☐ Temporary Pay ☐ Counteroffer ☐ Special Project Pay ☐ Other: _____		

2. BUSINESS NEED / JUSTIFICATION

Primary Reason	☐ Change in Duties ☐ Internal Alignment ☐ Degree / Certification ☐ Retention / Counteroffer ☐ Special Project ☐ Other: _____
Attachments	☐ Position Description ☐ Org Chart ☐ Funding Support ☐ Other: _____

Brief Justification

Describe the change, institutional need, employee impact, and basis for the requested amount. A short attachment may be used when needed.

3. PROPOSED FUNDING

In Current Budget?	☐ Yes ☐ No	Recurring Cost?	☐ Yes ☐ No	
Salary Budget Line	☐ Full-Time: _____ (Indicate Which) ☐ Wage ☐ OTPS			
Funding Source / Cost Center	Designated / Gift / Grant	Fund	Function	%

Funding percentages must total 100%. Budget Office confirms the available amount and estimated assignment cost on page 2.



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Employee Compensation Adjustment Request Form - Reviews and Approvals

Required routing: Department Head → Responsible Vice Chancellor → Budget Office → Human Resources → Vice Chancellor for Human Resources.
Chancellor approval is completed only when enhanced review is required.

4. DEPARTMENT HEAD APPROVAL			
Department Head Signature		Date	
5. RESPONSIBLE VICE CHANCELLOR APPROVAL			
Vice Chancellor Signature		Date	
6. BUDGET OFFICE REVIEW			
Funding Confirmed?	☐ Yes ☐ No	Recurring Funding?	☐ Yes ☐ No
		Time-Limited Funding?	☐ Yes ☐ No
Budgeted Adjustment Amount		Estimated Fringe on Adjustment	
Estimated Total Cost of Adjustment		Funding End Date (if applicable)	
Budget Comments / Conditions			
Budget Reviewer Signature		Date	
7. HUMAN RESOURCES REVIEW			
Policy Eligible?	☐ Yes ☐ No ☐ Conditions Apply	Classification Review Needed?	☐ Yes ☐ No
HR Comments / Conditions			
HR Reviewer Signature		Date	
8. VICE CHANCELLOR FOR HUMAN RESOURCES APPROVAL			
Vice Chancellor Decision	☐ Approved ☐ Approved with Conditions ☐ Not Approved ☐ Requires Enhanced Review		
Enhanced Review Reason (if applicable)	☐ New/Unbudgeted ☐ Material Change/Reorganization ☐ Senior Leadership ☐ New Recurring Funding ☐ Other		
Vice Chancellor for HR Signature		Date	
9. CHANCELLOR APPROVAL – ENHANCED REVIEW			
Chancellor Decision	☐ Approved ☐ Approved with Conditions ☐ Not Approved ☐ Not Required		
Chancellor Signature (if required)		Date	