



REQUEST for SALARY/WAGE ADJUSTMENT

Section 1

POSITION INFORMATION

Date of Request _____

Name _____ Pay Rate (Current) _____ (Requested) _____

Title _____

JUSTIFICATION

FUNDING (Specify Account Title or Code) _____

SIGNATURES

Program Director _____

Manager _____ Vice President _____

Section 2

HUMAN RESOURCES ANALYSIS and RECOMMENDATION

Recommended Pay Rate _____ Exempt Non Exempt

Comments _____

FINAL ACTION

Date of Action _____

APPROVED DENIED Comments _____

SIGNATURES

VP, Finance _____ President _____

Employee (If Approved) _____

Section 3

SALARY/WAGE ADJUSTMENT

Effective Date of Adjustment _____

Employee _____ New Pay Rate _____

Account Code (Name and/or Number) _____

Director, HR _____ Accounting Date _____