**PAY ADJUSTMENT FORM**

**As a result of the financial implications associated with Covid-19, only urgent pay adjustments that have been approved by the Chief Business Officer (CBO) or designee in a business unit are being reviewed at this time.**

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| **Requester:** |
| **NAME:** **Click here to enter text.** |
| **TITLE: Click here to enter text.** |
| **DEPARTMENT: Click here to enter text.** |
| **DATE OF REQUEST: Click here to enter text.** |
| **Has the CBO in your business unit approved this request**?  **YES**  **NO** |

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| **Pay adjustment requested for (current information):** | |
| **NAME:** **Click here to enter text.** | |
| **EMPLOYEE ID: Click here to enter text.** | |
| **DEPARTMENT NAME: Click here to enter text.** | **DEPARTMENT #: Click here to enter text.** |
| **TITLE: Click here to enter text.** | **GRADE:** **Click here to enter text.** |
| **SUPERVISOR:** **Click here to enter text.** | |
| **FLSA STATUS:**   **EXEMPT**   **NON-EXEMPT** | **FTE: Click here to enter text.** |
| **ANNUALIZED SALARY**: **Click here to enter text.** | |
| **When did the last written performance evaluation occur? Click here to enter text.** | |
| **Are there any performance concerns?**  **YES**  **NO** | |
| **If yes, please explain. Click here to enter text.** | |

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| **Pay adjustment request information:** |
| **Proposed increase percentage (Compensation staff can provide assistance): Click here to enter text.** |
| **How was the increase amount determined? Click here to enter text.** |
| **Proposed effective date: Click here to enter text.** |

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| **Justification:** |
| **What prompted the pay adjustment request (e.g. change in scope of responsibility, equity or retention concern, etc.)? Please provide a thorough explanation. Note that strong performance alone is not a valid reason for a pay adjustment.**  **Click here to enter text.** |
| **Will the pay adjustment create an internal equity concern?**  **YES**  **NO**  **If yes, how will it be resolved?** |
| **Why is the pay adjustment essential at this time?** **Can it be delayed? Please explain.**  **Click here to enter text.** |
| **Are there other circumstances to consider that support the request? Please explain.**  **Click here to enter text.** |

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| **SOM USE ONLY (Additional Rows May Be Added; Speedtypes Must = 100%)** | | | | |
| **Speedtype #** | **Speedtype %** | **ST/Project Name** | **Current Balance  (if applicable)** | **Grant End Date  (if applicable)** |
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Please return your completed form to your Compensation contact.