

## Request for Compensation Review/Approval

Form to be completed with all necessary information by the requesting department.

Type of Compensation Action Requested: (check one or more)

Salary Adjustment (include in reason section below: what has changed requiring this request (i.e. salary in relation to market, equity issues in department or result of promotion/transfer.))

Position Description Evaluation (PDE)

(For all PDEs, please submit proposed job description, current organizational chart and proposed organizational chart.)

New Position

Existing Position

Department and Manager name making this request:

Employee Name:

Grade:

Job title:

Reason for request:

Note: Salary adjustment requests must include a list of peers performing similar work.

Was this new expense planned in current year Operating Budgets?

Yes

No

Please explain how this request will be financially supported within the department:

Proposed Funding including accounts/cost center(s):

Department Head Approval

For CWM Requests, please check the box and attached the following:

Position Control Number

FY Personnel Staff List/Reconciliation to Budgeted Positions

Latest Unit-Level P/L

Job Description

Organizational Chart(s)