



Compensation Adjustment Request Form

Employee Information

Employee Name: _____ CWID: _____
 Current Position Title: _____ Today's Date: _____
 Proposed Position Title: _____ Original Date of Hire: _____
 Current Dept/Division: _____
 Proposed Dept/Division: _____

Last Date of Percent of Date of Last
 Review Score: Last Review: Last Increase: Increase:

Adjustment Information

New Hire Above Range	Internal Transfer/Promotion Above Range	Equity Adjustment
CDP Advancement	Demonstrated Proficiency Increase	Incentive Plan Increase
One-Time Payment	Position Review/Reclassification	Other

Justification for Pay Adjustment: _____ ReqID if Applicable: _____

Attach supporting documentation, i.e. resume, performance review, job description, career development plan, etc.

Adjustment Details

Current Salary: _____ Proposed Salary: _____ % of Increase: _____
 Effective Date: _____ Hiring Range: _____
 For New Hires/Transfers/Promotions, do you plan to do a 90-Day DPI (up to 5%)? Yes No
 If yes, list potential salary following DPI: _____

Market and Equity Review (HR Use Only)

Is proposed change justified by market?	Internal: Yes	No	HR Consultant Receipt Date: _____
	External: Yes	No	

HR Reviewer: _____ Analysis Date: _____

Signatures

Supervisor/Dept Head: _____ Date: _____
 Dept VP/Dean: _____ Date: _____
 Provost (Academic Only): _____ Date: _____
 Chief HR Officer: _____ Date: _____
 Sr. VP, Admin & Finance: _____ Date: _____