

SALARY EQUITY ADJUSTMENT FORM

Employee: Enter employee name Banner ID: 000000000

Job Title: Enter job title Effective Date of Adjustment: M/d/yyyy

School/College/Division: Enter S/C/D Department: Enter department

Supervisor Name and Title: Enter supervisor name/title Phone: ###-####

BUSINESS RATIONALE

***Indicate which of the following apply:***

[ ]  salary adjustment is necessary to provide internal equity with peers

[ ]  salary adjustment is necessary to correct salary compression caused by a new hire

[ ]  salary adjustment is necessary to retain a key employee

[ ]  other

REQUIRED: Salary Equity Adjustment Justification

Provide narrative description of salary equity adjustment justification. Box will expand to fit your text.

AMOUNT OF SALARY EQUITY [ ]  INCREASE or [ ]  DECREASE

Employee’s current base annual salary $

Amount of proposed increase (decrease) $       which is      % of base pay

Employee’s NEW base annual salary $

SIGNATURE

Sabrina D. Williams

Associate Director of Grants and Finances Date:

Dean, Vice President, Assistant/Associate Vice President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Presidential approval is required for any proposed salary equity adjustment increase which exceeds 10%.

SIGNATURE

President:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: