WSUwar

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: