

Staff Compensation Request Form

Department Name: _____ Date: _____

Request Type: _____ Employee Name: _____

Manager Name: _____ Proposed salary or % of increase: _____

If requesting a reclassification, what is the proposed payroll title: _____

If requesting a Stipend, Out-of-Class or Addendum complete the following:

This request is New Extension Duration: From _____ to _____

1.) **For Stipends/Out-of-Class:** Provide a short description of the additional duties and the reason they were assigned (e.g. leave of absences, retirement).

2.) **For Equity Adjustment:** Provide a short summary of the inequity in the department.

3.) **For Re-class:** Provide a short summary including the reason, added duties, and how long the staff member has been doing the work.

4.) **For Addendum to Contract:** Provide the reason for the addendum.

Department Head

Date

Please submit this form with appropriate signatures and a copy of the job description to A&BS HR. **We may request a soft copy of the Job Description for classification purposes.**

FOR DFA HR USE

Payroll Title Code From: _____ To: _____ Is this an exception to Policy? _____

Current Salary: _____ Comp Range, Min-Mid: _____

Approved Salary or %: _____ Position Number: _____

Funding: Account/Fund/Sub: _____/_____/____ KFS: _____