



GUIDELINES AND PROCEDURES

How to use this form: This form is to be used to request any **Compensation Review, Reclassification, or Retention Review**. (see below for definitions)

Compensation Review: A compensation review includes an analysis of internal equity and/or a market analysis.

Reclassification: A reclassification is considered when a job no longer matches the original job description and the position has assumed new responsibilities.

Retention Review: A retention review is requested when a current employee receives a bona fide offer from another employer for a similar position. (offer must be in writing)

Procedure:

1. A supervisor or manager recognizing the need for a compensation review completes the Salary Adjustment Request form.
2. Upon completion of the review, Human Resources will forward the request along with the recommendation to the appropriate leader for consideration.
3. Depending on the recommendation, the leader may choose to move forward with the changes or submit additional information for the request.

Note:

It is the responsibility of the supervisor or manager to confirm the funding exists within the existing budget prior to requesting any salary increase.



| |
|-----------------------|
| Initiator Name: _____ |
| Email Address: _____ |
| Phone: _____ |

SECTION 1: EMPLOYEE INFORMATION

Employee ID: _____ Last Name: _____ First Name: _____

SECTION 2: POSITION INFORMATION

Department: _____ Job Title: _____ Supervisor Name: _____

Current Salary: _____ Proposed Salary: _____

SECTION 3: ADJUSTMENT TYPE AND JUSTIFICATION

Compensation Review

Reclassification

Retention Review

Justification:

Please provide a detailed justification to support this request. In this justification you may need to consider the effect it will have on the individual and other department employees within the same title. Please include a list of any new duties added to the position and a proposed job description for any reclassification. Use additional attachments as needed.

SECTION 4: AUTHORIZATION

Submit form to hrcompensation@uttyler.edu for review. Please remember to include all applicable data to support this request. Please allow time for processing once the form reaches Human Resources.

Initiator Name (Print Name)

Signature

Date

Department Head (Print Name)

Signature

Date

SECTION 5: HR RECOMMENDATION (HR USE ONLY)

Reviewed By (Print Name)

Signature

Date