**Request for Permanent Compensation Changes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INSTRUCTIONS | | | | | | | | |
| Supervisors should complete this form and obtain approval from your Department Director or Dean (below). Submit this form to UWT Human Resources (Box 358431). **All forms should be submitted together.** | | | | | | | | |
| EMPLOYEE INFORMATION | | | | | | | | |
| **Employee Name** | **Employee ID:** | | **Home Department Name:** | | **Payroll Title** | | | **Position #:** |
| **Effective Date of Change**  Must be prospective, **NOT** retroactive | **Current Salary** | | **Proposed Salary:** | | **Proposed Percentage Increase:** | | | |
|  | | **TYPE OF INCREASE** | | | |  | | |
| Classified CEGP  Classified Recruitment/Retention | | Classified Position Review | | | | Professional In-grade Adjustment (additional reason needed below)  Professional Position Review | | |
| **INGRADE SALARY ADJUSTMENT REASONS** | | | | | | | | |
| Merit/Increased  Change in Responsibilities | | Market/Retention  Internal Equity | | | | Competitive Offer  Pre-Emptive Offer (non-UW) | | |
| Has an in-grade or promotional salary increase been awarded in the past 12 months? Yes  No Has a performance evaluation been conducted within the past year? Yes  No | | | | | | | | |
| If this request is for a POSITION REVIEW, please complete the following: **Proposed Job Code:** Click or tap here to enter text. **Proposed Payroll Title:**Click or tap here to enter text. **Proposed Grade:** Click or tap here to enter text.  **If this request is for a PAYROLL TITLE CHANGE ONLY, please complete the following:**  **Proposed Job Code:**Click or tap here to enter text. **Proposed Payroll Title:** Click or tap here to enter text. | | | | | | | | |
| JUSTIFICATION FOR REQUEST | | | | | | | | |
| **REQUIRED: For position reviews and payroll title changes, please describe what has changed. For salary adjustments, please expand on the reasons selected above in 5-8 sentences to provide justification for the increase.** | | | | | | | | |
| **FUNDING INFORMATION** | | | | | | | | |
| Do you have funding from existing resources to cover this compensation increase?  Yes  No   |  |  |  |  | | --- | --- | --- | --- | | **Costing Allocation after Compensation Change** | |  |  | | *Funding worktags: program (PG######), grant (GR######), gift (GF######), project (PJ######), or cost center + resource (CC###### + RS######)* | | | | | *Reporting worktags: activity (AC######), assignee (AS######), institutional initiative (IN######)* | | | | | Funding worktag(s) (required) | % Allocation (required) | | Reporting worktag(s) (optional) | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | | TOTAL | 100% | |  | | | | | | | | | |
| **FUNDING IMPACT STATEMENT** | | | | | | | | |
| **REQUIRED: Because any increase will come out of your cost center, clearly state how the salary and benefits (if applicable) for this position are being funded and how the unit will ensure remaining within budget while covering this adjustment.** | | | | | | | | |
| **ESSENTIAL SERVICES STATEMENT** | | | | | | | | |
| **REQUIRED: A compensation increase should only be submitted if it is essential for retention purposes or organizational success. Please provide an explanation below.** | | | | | | | | |
| **UWT HR CONSULTATION** | | | | | | | | |
| By checking this box, the requester confirms they have consulted with UWT HR and received support to move forward with this request. | | | | | | | | |
| **Requester / Supervisor** | | | | | | | | |
| Signature | | | | | | | Date | |
| Forward completed, signed forms to UWT HR (campus box 358431) for review and additional approvals. | | | | | | | | |
| HR recommendation and explanation if different from what is requested: | | | | | | | | |
| APPROVALS | | | | | | | | |
| 1. **Department Director / Dean:** I support this request and verify that all the information provided above is accurate. | | | | | | | | |
| Signature | | | | | | | Date | |
| 1. **Fiscal Services** | | | | | | | | |
| Signature | | | | | | | Date | |
| **Cost for current fiscal year (*Fiscal Services to complete*)**  $      /year | | | | **Total annual cost of increase (*Fiscal Services to complete*)**  $      /year | | | | |
| 1. **Vice Chancellor / Assistant Chancellor** | | | | | | | | |
| Signature | | | | | | | Date | |
| 1. **Chancellor** | | | | | | | | |
| Signature | | | | | | | Date | |